

<i>SERFF Tracking Number:</i>	<i>META-125468050</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38513</i>
<i>Company Tracking Number:</i>	<i>B08-2 GJ</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.004 Other</i>
<i>Product Name:</i>	<i>Group Accident & Health Insurance</i>		
<i>Project Name/Number:</i>	<i>GCERT2000/B08-2 GJ</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Accident & Health Insurance SERFF Tr Num: META-125468050 State: ArkansasLH

TOI: H11G Group Health - Disability Income	SERFF Status: Closed	State Tr Num: 38513
Sub-TOI: H11G.004 Other	Co Tr Num: B08-2 GJ	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Sandra Bennett	Disposition Date: 03/31/2008
	Date Submitted: 03/25/2008	Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: GCERT2000
 Project Number: B08-2 GJ
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 03/31/2008
 State Status Changed: 03/31/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Employer, Association

Deemer Date:

Please see the cover letter for the filing description.

Company and Contact

Filing Contact Information

Gayle Jones, Consultant

ggjones@metlife.com

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Product Name:	Group Accident & Health Insurance		
Project Name/Number:	GCERT2000/B08-2 GJ		

501 Route 22	(908) 253-2753 [Phone]
Bridgewater Township, NJ 08807	(908) 253-2126[FAX]

Filing Company Information

Metropolitan Life Insurance Company.	CoCode: 65978	State of Domicile: New York
1MetLife Plaza	Group Code: -99	Company Type: Life
Long Island City, NY 11101-4015	Group Name:	State ID Number:
(111) 111-1111 ext. [Phone]	FEIN Number: 13-5581829	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$50.00	03/25/2008	18933856

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/31/2008	03/31/2008

<i>SERFF Tracking Number:</i>	<i>META-125468050</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>GCERT2000/B08-2 GJ</i>		

Disposition

Disposition Date: 03/31/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125468050 State: Arkansas

Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38513

Company Tracking Number: B08-2 GJ

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.004 Other

Product Name: Group Accident & Health Insurance

Project Name/Number: GCERT2000/B08-2 GJ

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	ARCERTREAD	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Form	Approved-Closed	Yes
Supporting Document	ATTACHMENT A - Nationwide	Approved-Closed	Yes
Supporting Document	ATTACHMENT B - Nationwide	Approved-Closed	Yes
Supporting Document	Instructions for EOV Replacement Pages	Approved-Closed	Yes
Supporting Document	Explanation of Variable	Approved-Closed	Yes
Form	Certificate Insert Pages	Approved-Closed	Yes
Rate	Actmemo_Global	Approved-Closed	No
Rate	Global_STD	Approved-Closed	No
Rate	Global_LTD	Approved-Closed	No

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Form Schedule

Lead Form Number: GCERT2000

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GCERT2000 SEC 3	Policy/Cont Certificate Insert ract/Fratern Pages al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	GCERT2000 SEC 3 - Nationwide Global (FINAL - hilit copy).pdf

DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS

If You become Disabled while insured, Proof of Disability must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Weekly Benefit up to the Maximum Benefit Period shown in the SCHEDULE OF BENEFITS, subject to the DATE BENEFIT PAYMENTS END section.

To verify that You continue to be Disabled without interruption after Our initial approval of the Disability claim, We may periodically request that You send Us Proof that You continue to be Disabled. Such Proof may include physical exams, exams by independent medical examiners, in-home interviews, or functional capacity exams, as needed.

While You are Disabled, the Weekly Benefits described in this certificate will not be affected if:

- Your insurance ends; or
- the Group Policy is amended to change the plan of benefits for Your class.

BENEFIT PAYMENT

(1) [If We approve Your claim, benefits will begin to accrue on the day after the day You complete Your Elimination Period. We will pay the first Weekly Benefit one week after the date benefits begin to accrue. We will make subsequent payments weekly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during each week. For any partial week of Disability, payment will be made at a daily rate of 1/7th of the Weekly Benefit payable.]

(2) [We will not pay benefits during any period for which You are eligible to receive employer paid sick leave or salary continuance.]

We will pay Weekly Benefits to You. If You die, We will pay the amount of any due and unpaid benefits as described in the GENERAL PROVISIONS subsection entitled Disability Income Benefit Payments: Who We Will Pay.

(3) [While You are receiving Weekly Benefits, both You and the Policyholder will be required to contribute Your respective shares of the premium payments required for the cost of any disability income insurance provided under this certificate whether or not You are Disabled.]

Weekly Benefit payments will be made in US currency. The currency exchange rate is the exchange rate in effect on the date of Your Disability, and such exchange rate will remain the same throughout the duration of Your claim.

RECOVERY FROM A DISABILITY

For purposes of this subsection, the term Active Work only includes those days You actually work.

The provisions of this subsection will not apply if Your insurance has ended and You are eligible for coverage under another group short term disability plan.

If You Return to Active Work Before Completing Your Elimination Period

(4) [If You return to Active Work before completing Your Elimination Period and then become Disabled again due to the same, related or an unrelated Sickness or accidental injury, You will have to complete a new Elimination Period.]

If You Return to Active Work After Completing Your Elimination Period

If You return to Active Work after You begin to receive Weekly Benefits, We will consider You to have recovered from Your Disability.

If You return to Active Work for a period of 1-180 days or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. For the purpose of determining Your benefits, We will consider such Disability to be a part of the original Disability and will

DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS (Continued)

RECOVERY FROM A DISABILITY (CONTINUED)

use the same Predisability Earnings and apply the same terms, provisions and conditions that were used for the original Disability.

If You return to Active Work after completing Your Elimination Period and then become Disabled again due to an unrelated Sickness or accidental injury, You will have to complete a new Elimination Period.

(1) [REHABILITATION INCENTIVES

Rehabilitation Program Incentive

While You are Disabled, if You participate in a Rehabilitation Program, We will increase Your Weekly Benefit by an amount equal to 1% - 110% of the Weekly Benefit. We will do so before We reduce Your Weekly Benefit by any Other Benefit Sources.

Work Incentive

While You are Disabled, We encourage You to work. If You work for Your employer or perform any other work for remuneration while You are Disabled and receiving Weekly Benefits, Your Weekly Benefit will be adjusted as follows:

- Your Weekly Benefit will be increased by Your Rehabilitation Program Incentive, if any; and
- reduced by Other Benefit Sources as defined in the DISABILITY INCOME INSURANCE: OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT section.

Your Weekly Benefit as adjusted above will not be reduced by the amount You earn from working, except to the extent that such adjusted Weekly Benefit plus the amount You earn from working and the income You receive from Other Benefit Sources exceeds 1 – 110% of the first \$xx – \$xx of Your Predisability Earnings as calculated in the definition of Disability.

In addition, the Minimum Weekly Benefit will not apply.

Family Care Incentive

If You work or participate in a Rehabilitation Program while You are Disabled, We will reimburse You for up to \$1-\$200 for weekly expenses You incur for each family member to provide:

- care for Your or Your Spouse's child, legally adopted child, or child for whom You or Your Spouse are legal guardian and who is:
 - living with You as part of Your household;
 - dependent on You for support; and
 - under age 13-15.

The child care must be provided by a licensed child care provider who may not be a member of Your immediate family or living in Your residence.

- care for Your family member who is:
 - living with You as part of Your household;
 - chiefly dependent on You for support; and
 - incapable of independent living, regardless of age, due to mental or physical handicap as defined by applicable law.

Care to Your family member may not be provided by a member of Your immediate family.]

GCERT2000

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DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS (Continued)

[REHABILITATION INCENTIVES (Continued)]

Family Care Incentive (Continued)

We will make reimbursement payments to You on a weekly basis starting with the 1st – 20th Weekly Benefit payment. Payments will not be made beyond the Maximum Benefit Period. We will not reimburse You for any

expenses for which You are eligible for payment from any other source. You must send Proof that You have incurred such expenses.

The Family Care Incentive benefit is not subject to the Maximum Weekly Benefit.

Moving Expense Incentive

If You participate in a Rehabilitation Program while You are Disabled, We may reimburse You for **the actual** expenses You incur in order to move to a new residence recommended as part of such Rehabilitation Program. Such expenses must be approved by Us in advance.

You must send Proof that You have incurred such expenses for moving.

We will not reimburse You for such expenses if they were incurred for services provided by a member of Your immediate family or someone who is living in Your residence.

The Moving Expense Incentive benefit is not subject to the Maximum Weekly Benefit.]

DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS

If You become Disabled while insured, Proof of Disability must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Short Term Benefits shown in the SCHEDULE OF BENEFITS, subject to the DATE BENEFIT PAYMENTS END section.

If You are Disabled due to a reason other than pregnancy, in order to verify that You continue to be Disabled without interruption after Our initial approval of the Disability claim, We may periodically request that You send Us Proof that You continue to be Disabled. Such Proof may include physical exams, exams by independent medical examiners, in-home interviews, or functional capacity exams, as needed.

While You are Disabled, the Short Term Benefits described in this certificate will not be affected if:

- Your insurance ends; or
- the Group Policy is amended to change the plan of benefits for Your class.

BENEFIT PAYMENT

- (1) [If We approve Your claim, benefits will begin to accrue on the day after the day You complete Your Elimination Period. We will pay the Short Term Benefits as follows:

For Disability other than pregnancy, the first Short Term Benefit will be paid one week after the date benefits begin to accrue. We will make subsequent payments weekly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during each week. For any partial week of Disability, payment will be made at a daily rate of 1/7th of the Short Term Benefit payable.

For Disability due to pregnancy, Short Term Benefits for pregnancy will be paid in a single sum, upon completion of the Elimination Period, as shown in the Schedule of Benefits. For Disability due to complications of pregnancy, Short Term Benefits will be paid the same as for any other Sickness. However, in the event a complication of pregnancy occurs after We have made a Single Sum Pregnancy Short Term Benefit payment for normal or caesarian section delivery, the amount We will pay for such complication will not exceed an amount equal to the number of Short Term Benefit payments we make up to the Maximum Short Term Benefit Period less the Single Sum Pregnancy Short Term Benefit.]

- (2) [We will not pay benefits during any period for which You are eligible to receive employer paid sick leave or salary continuance.]

We will pay Short Term Benefits to You. If You die, We will pay the amount of any due and unpaid benefits as described in the GENERAL PROVISIONS subsection entitled Disability Income Benefit Payments: Who We Will Pay.

- (3) [While You are receiving Short Term Benefits, both You and the Policyholder will be required to contribute Your respective shares of the premium payments required for the cost of any disability income insurance provided under this certificate whether or not You are Disabled.]

Weekly Benefit payments will be made in US currency. The currency exchange rate is the exchange rate in effect on the date of Your Disability, and such exchange rate will remain the same throughout the duration of Your claim.

RECOVERY FROM A DISABILITY

For purposes of this subsection, the term Active Work only includes those days You actually work.

The provisions of this subsection will not apply if :

- Disability is due to pregnancy; or
- Your insurance has ended and You are eligible for coverage under another group short term disability plan.

DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS (Continued)

(4) [If You Return to Active Work Before Completing Your Elimination Period]

If You return to Active Work before completing Your Elimination Period and then become Disabled again due to the same, related or an unrelated Sickness or accidental injury, You will have to complete a new Elimination Period.]

If You Return to Active Work After Completing Your Elimination Period

If You return to Active Work after You begin to receive Short Term Benefits, We will consider You to have recovered from Your Disability.

If You return to Active Work for a period of **1-180** days or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. For the purpose of determining Your benefits, We will consider such Disability to be a part of the original Disability and will use the same Predisability Earnings and apply the same terms, provisions and conditions that were used for the original Disability.

If You return to Active Work after completing Your Elimination Period and then become Disabled again due to an unrelated Sickness or accidental injury, You will have to complete a new Elimination Period.

(1) [REHABILITATION INCENTIVES]

The provisions of this subsection will not apply if Disability is due to pregnancy.

Rehabilitation Program Incentive

While You are Disabled, if You participate in a Rehabilitation Program, We will increase Your Short Term Benefit by an amount equal to **1% - 110%** of the Short Term Benefit. We will do so before We reduce Your Short Term Benefit by any Other Benefit Sources.

Work Incentive

While You are Disabled, We encourage You to work. If You work for Your employer or perform any other work for remuneration while You are Disabled and receiving Short Term Benefits, Your Short Term Benefit will be adjusted as follows:

- Your Short Term Benefit will be increased by Your Rehabilitation Program Incentive, if any; and
- reduced by Other Benefit Sources as defined in the DISABILITY INCOME INSURANCE: BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT section.

Your Short Term Benefit as adjusted above will not be reduced by the amount You earn from working, except to the extent that such adjusted Short Term Benefit plus the amount You earn from working and the income You receive from Other Benefit Sources exceeds **1 – 100%** of Your Predisability Earnings as calculated in the definition of Disability.

In addition, the Minimum Short Term Benefit will not apply.

Family Care Incentive

If You work or participate in a Rehabilitation Program while You are Disabled, We will reimburse You for up to **\$1-\$200** for weekly expenses You incur for each family member to provide:

- care for Your or Your Spouse's child, legally adopted child, or child for whom You or Your Spouse are legal guardian and who is:
 - living with You as part of Your household;
 - dependent on You for support; and
 - under age **13-15**.]

DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS (Continued)

(1) [REHABILITATION INCENTIVES (Continued)]

The child care must be provided by a licensed child care provider who may not be a member of Your immediate family or living in Your residence.

- care for Your family member who is:
 - living with You as part of Your household;
 - chiefly dependent on You for support; and
 - incapable of independent living, regardless of age, due to mental or physical handicap as defined by applicable law.

Care to Your family member may not be provided by a member of Your immediate family.

We will make reimbursement payments to You on a weekly basis starting with the 1st – 20th Short Term Benefit payment. Payments will not be made beyond the Maximum Short Term Benefit Period. We will not reimburse You for any expenses for which You are eligible for payment from any other source. You must send Proof that You have incurred such expenses.

The Family Care Incentive benefit is not subject to the Maximum Short Term Benefit.

Moving Expense Incentive

If You participate in a Rehabilitation Program while You are Disabled, We may reimburse You for the actual expenses You incur in order to move to a new residence recommended as part of such Rehabilitation Program. Such expenses must be approved by Us in advance.

You must send Proof that You have incurred such expenses for moving.

We will not reimburse You for such expenses if they were incurred for services provided by a member of Your immediate family or someone who is living in Your residence.

The Moving Expense Incentive benefit is not subject to the Maximum Weekly Benefit.]

DISABILITY INCOME INSURANCE: LONG TERM BENEFITS

If You become Disabled while insured, Proof of Disability must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Monthly Benefit up to the Maximum Benefit Period shown in the SCHEDULE OF BENEFITS, subject to THE DATE BENEFIT PAYMENTS END section.

To verify that You continue to be Disabled without interruption after Our initial approval, We may periodically request that You send Us Proof that You continue to be Disabled. Such Proof may include physical exams, exams by independent medical examiners, in-home interviews or functional capacity exams, as needed.

While You are Disabled, the Monthly Benefit described in this certificate will not be affected if:

- Your insurance ends; or
- the Group Policy is amended to change the plan of benefits for Your class.

(1) [BENEFIT PAYMENT

If We approve Your claim, benefits will begin to accrue on the day after the day You complete Your Elimination Period. We will pay the first Monthly Benefit one month after the date benefits begin to accrue. We will make subsequent payments monthly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during each month and will be pro-rated for any partial month of Disability.

We will not pay benefits during any period for which You are eligible to receive employer paid sick leave or salary continuance.

We will pay Monthly Benefits to You. If You die, We will pay the amount of any due and unpaid benefits as described in the GENERAL PROVISIONS subsection entitled Disability Income Benefit Payments: Who We Will Pay.]

- (2) [While You are receiving Monthly Benefits, You will not be required to contribute Your share of the required premium payments for the cost of any insurance provided under this certificate. However, the Policyholder's share of such premium payments must continue to be paid during such period.]

Monthly Benefit payments will be made in US currency. The currency exchange rate is the exchange rate in effect on the date of Your Disability, and such exchange rate will remain the same throughout the duration of Your claim.

(3) [RECOVERY FROM A DISABILITY

If You return to Active Work, We will consider You to have recovered from Your Disability.

The provisions of this subsection will not apply if Your insurance has ended and You are eligible for coverage under another group long term disability plan.

If You Return to Active Work Before Completing Your Elimination Period

If You return to Active Work before completing Your Elimination Period for a period of **1-180** days or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. We will count those days towards the completion of Your Elimination Period.

If You return to Active Work before completing Your Elimination Period and then become Disabled again due to an unrelated Sickness or accidental injury, You will have to complete a new Elimination Period.

If You return to Active Work before completing Your Elimination Period for a period of more than **1-180** days, and then become Disabled again, whether due to the same, related, or unrelated Sickness or accidental injury, You will have to complete a new Elimination Period.

For purposes of this provision, the term Active Work only includes those days You actually work.]

DISABILITY INCOME INSURANCE: LONG TERM BENEFITS (Continued)

(1) [RECOVERY FROM A DISABILITY (Continued)]

If You Return to Active Work After Completing Your Elimination Period

If You return to Active Work after completing Your Elimination Period for a period of **1-180** days or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. For the purpose of determining Your benefits, We will consider such Disability to be a part of the original Disability and will use the same Predisability Earnings and apply the same terms, provisions and conditions that were used for the original Disability.

If You return to Active Work after completing Your Elimination Period and then become Disabled again due to an unrelated Sickness or accidental injury, You will have to complete a new Elimination Period.

If You return to Active Work **after completing Your Elimination Period** for a period of more than **1-365 days**, and then become Disabled again, **whether due to the same, related, or unrelated Sickness or accidental injury**, You will have to complete a new Elimination Period.

For purposes of this provision, the term Active Work includes all of the continuous days which follow Your return to work for which You are not Disabled.]

(2) [REHABILITATION INCENTIVES]

Rehabilitation Program Incentive

While You are Disabled, if You participate in a Rehabilitation Program, We will increase Your Monthly Benefit by an amount equal to **1% - 110%** of the Monthly Benefit. We will do so before We reduce Your Monthly Benefit by any **Other Benefit Sources**.

Work Incentive

While You are Disabled, We encourage You to work. If You work **for Your employer or perform any other work for remuneration** while You are Disabled and receiving Monthly Benefits, Your Monthly Benefit will be adjusted as follows:

- Your Monthly Benefit will be increased by Your Rehabilitation Program Incentive, if any; and
- reduced by **Other Benefit Sources** as defined in the DISABILITY INCOME INSURANCE: **OTHER BENEFIT SOURCES** WHICH WILL REDUCE YOUR DISABILITY BENEFIT section.

Your Monthly Benefit as adjusted above will not be reduced by the amount You earn from working, except to the extent that such adjusted Monthly Benefit plus the amount You earn from working and the income You receive from **Other Benefit Sources** exceeds **1 – 110% of the first \$xx – \$xx of** Your Predisability Earnings as calculated in the definition of Disability.

In addition, the Minimum Monthly Benefit will not apply.

Limit on Work Incentive

After the first **1- 60** months following Your Elimination Period, We will reduce Your Monthly Benefit by **1-100%** of the amount You earn from working while Disabled.]

DISABILITY INCOME INSURANCE: LONG TERM BENEFITS (Continued)

(2) [REHABILITATION INCENTIVES (Continued)]

Family Care Incentive

If You work or participate in a Rehabilitation Program while You are Disabled, We will reimburse You for up to **\$1-\$500** for monthly expenses You incur for each family member to provide:

- care for Your or Your Spouse's child, legally adopted child, or child for whom You or Your Spouse are legal guardian and who is:
 - living with You as part of Your household;
 - dependent on You for support; and
 - under age **13-15**.

The child care must be provided by a licensed child care provider who may not be a member of Your immediate family or living in Your residence.

- care for Your family member who is:
 - living with You as part of Your household;
 - chiefly dependent on You for support; and
 - incapable of independent living, regardless of age, due to mental or physical handicap as defined by applicable law.

Care to Your family member may not be provided by a member of Your immediate family.

We will make reimbursement payments to You on a monthly basis starting with the **1st – 36th** Monthly Benefit payment until You have received **12-36** Monthly Benefit Payments. Payments will not be made beyond the Maximum Benefit Period. We will not reimburse You for any expenses for which You are eligible for payment from any other source. You must send Proof that You have incurred such expenses.

The Family Care Incentive benefit is not subject to the Maximum Monthly Benefit.

Moving Expense Incentive

If You participate in a Rehabilitation Program while You are Disabled, We may reimburse You for **the actual** expenses You incur in order to move to a new residence recommended as part of such Rehabilitation Program. Such expenses must be approved by Us in advance.

You must send Proof that You have incurred such expenses for moving.

We will not reimburse You for such expenses if they were incurred for services provided by a member of Your immediate family or someone who is living in Your residence.

The Moving Expense Incentive benefit is not subject to the Maximum Monthly Benefit.]

DISABILITY INCOME INSURANCE: **OTHER BENEFIT SOURCES** WHICH WILL REDUCE YOUR DISABILITY BENEFIT

- (1) We will reduce Your Disability benefit by the amount of the Other **Benefit Sources** listed below. **[The reduction will only relate to amounts from Other Benefit Sources received as a result of the same disability and inability to work for which You are claiming benefits under this certificate. In no event will the sum of the benefits payable under this certificate and any one or all of the Other Benefit Sources exceed 40 -100% of the first \$xx-\$xx of Your Predisability Earnings. Your receipt of Other Benefit Sources also cause payments made under this certificate to become an Overpayment for which We may, in our sole discretion, seek reimbursement, have a lien, have a right of offset, or have a right to recoup. Other Benefit Sources includes, without limitation, the following:]**
- (2) [1. any disability or retirement benefits which You, Your Spouse or child(ren) receive or are eligible to receive, **(including early retirement benefits that have been voluntarily elected)** because of Your disability or retirement under:
- Federal Social Security Act; **You must apply for such benefits through the highest appeal level available under the plan. With respect to any reduction of Disability benefits by Federal Social Security benefits, We will make such reduction based on the amount of the Federal Social Security benefits You, Your Spouse or child(ren) receive prior to any reduction of such Federal Social Security benefits for payment of Medicare premiums.**
 - Railroad Retirement Act;
 - any state or public employee retirement or disability **plan including State Teachers Retirement System (STRS) and/or Public Employee Retirement System (PERS). You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan;**
 - **any government retirement program that You participate in as an employee of the Policyholder;** or
 - any pension or disability plan of any other nation or political subdivision thereof;
2. any income received for disability or retirement under the Policyholder's Retirement Plan, to the extent that it can be attributed to the Policyholder's contributions;
3. any **amount You receive representing lost income as a result of a disability under:**
- a group insurance policy to which the Policyholder has made a contribution, such as:
 - benefits for loss of time from work due to disability; and
 - **benefits for loss of time from work due to injuries You sustain as a result of a felonious assault made against You; and**
 - installment payments for permanent total disability.
 - a no-fault auto law for loss of income, excluding supplemental disability benefits;
 - a government compulsory benefit plan or program which provides payment for loss of time from Your job due to Your disability, whether such payment is made directly by the plan or program, or through a third party;
 - a self-funded plan, or other arrangement if the Policyholder contributes toward it or makes payroll deductions for it;
 - **any plan or arrangement under which You receive sick pay, vacation pay, paid time off (PTO); or sabbatical pay;**
 - **any salary continuation plan or arrangement[. The amount of the reduction is limited to 1-100% of the amount You received];**

DISABILITY INCOME INSURANCE: **OTHER BENEFIT SOURCES** WHICH WILL REDUCE YOUR DISABILITY BENEFIT (Continued)

- (2) [• workers' compensation or a similar law which provides periodic benefits. The amount of the reduction is limited to **1-100%** of the amount You received. If You receive a workers' compensation award or settlement and:
- the award or settlement does not include a specific amount for lost income; and
 - We request that You provide Us with the specified amount for lost income in the award or settlement; and
 - You fail to provide Us with the specified amount requested by Us,
- then We will reduce Your Disability benefit by **40 -100%** of the full amount You receive from the workers' compensation award or settlement;
- occupational disease laws;
 - laws providing for maritime maintenance and cure; and/or
 - The Jones' Act;
 - Unemployment insurance law or program;
 - Federal Employer's Liability Act (FELA); and/or
 - the Policyholder's severance plan;
4. recovery amounts that You receive for loss of income as a result of claims against a third party by judgement, settlement or otherwise, including future earnings; even if You are not fully compensated by such third party for the loss which is the subject of Your claim against such third party; and/or
5. individual disability income insurance policies to the extent that the sum of the benefit payable under this certificate and the individual policy(ies) exceeds **1-100% of the first \$xx-\$xx** of Your Predisability Earnings;
6. and/or any work earnings received from employment other than with the Policyholder.]

(3) **[REDUCING YOUR DISABILITY BENEFIT BY THE ESTIMATED AMOUNT OF YOUR **FEDERAL** SOCIAL SECURITY BENEFIT OR GOVERNMENT COMPULSORY PLAN OR PROGRAM**

If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act or a government compulsory plan or program, We expect You to apply for them.

1. **With respect to benefits under the Federal Social Security Act,** to apply means to pursue such benefits until You receive approval from the **Federal** Social Security Administration, or a notice of denial of benefits from an administrative law judge. We will reduce the amount of Your Disability benefit by the amount of **Federal** Social Security benefits We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will start to do this after You have received **1-48** months of Disability benefit payments, unless We have received:
- approval of Your claim for **Federal** Social Security benefits; or
 - a notice of denial of such benefits indicating that all levels of appeal have been exhausted.

DISABILITY INCOME INSURANCE: **OTHER BENEFIT SOURCES** WHICH WILL REDUCE YOUR DISABILITY BENEFIT (Continued)

(3) [REDUCING YOUR DISABILITY BENEFIT BY THE ESTIMATED AMOUNT OF YOUR **FEDERAL** SOCIAL SECURITY BENEFIT **OR GOVERNMENT COMPULSORY PLAN OR PROGRAM** (Continued)]

You must, within **1-6** months following the date You became Disabled:

- send Us Proof that You have applied for **Federal** Social Security benefits;
- sign a reimbursement agreement in which You agree to repay Us for any overpayments We may make to You under this insurance; and
- sign a release that authorizes the **Federal** Social Security Administration to provide information directly to Us concerning Your **Federal** Social Security benefits eligibility.

If You do not satisfy the above requirements, We will reduce Your Disability benefits by such estimated **Federal** Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive **Federal** Social Security benefits.

2. With respect to Government Compulsory Plan or Program Benefits, to apply means to pursue such benefits through all levels of appeal provided for under such benefit programs. We will reduce the amount of Your Disability benefit by the amount of such government compulsory plan or program benefits We estimate that You are eligible to receive provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment coincident with the date You were eligible to receive such government compulsory plan or program benefits under any such plans or programs."

In either case, when You do receive approval or final denial of Your claim for **Federal** Social Security benefits **or government compulsory plan or program benefits** as described above, You must notify Us immediately. We will adjust the amount of Your Disability benefit. You must promptly repay Us for any overpayment.]

(4) [REIMBURSEMENT AGREEMENT]

If You became Disabled, you must promptly, following Our request, sign a Reimbursement Agreement in which You agree to reimburse Us for any Overpayment of benefits We may make to You under this certificate due to any payment received by You from a third party for loss of income with respect to the same loss of income for which you received benefits under this certificate, including, but not limited to, any such amounts You receive pursuant to:

- a judgment or settlement related to an act or omission for which another person or entity may be wholly or partially at fault;
- Workers' Compensation or similar laws;
- Occupational disease laws;
- a no-fault auto law, excluding supplemental disability benefits; or
- Jones Act or Federal Employers' Liability Act.

If We do not receive the executed Reimbursement Agreement promptly following Our request, We may reduce the benefits payable to You under this certificate for such Disability by an amount equal to any Overpayment, to the extent that the amount is known to Us. If We exercise Our right to reduce the benefits payable to You under this certificate, the amount of the reduction will not result in Your receiving benefits under this certificate in an amount less than the minimum amount.]

DISABILITY INCOME INSURANCE: OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT (Continued)

(5) [SINGLE SUM PAYMENT]

If You receive Other Benefit Sources in the form of a single sum payment (award, judgement, settlement or any other single sum payment), You must, within 10 days after receipt of such single sum payment, give Written Proof satisfactory to Us of:

- the amount of the single sum payment;
- the amount to be attributed to income replacement; and
- the time period for which the payment applies.

When We receive such Proof, We will adjust the amount of Your Disability benefit.

If We do not receive the Written Proof described above, and We know the amount of the single sum payment, We may reduce Your Disability benefit by an amount equal to such Disability benefit until 40%-100% of the single sum payment has been exhausted. If We adjust the amount of Your Disability benefit due to a single sum payment, the amount of the adjustment will not result in a Disability benefit amount less than the minimum amount, except in the case of an Overpayment.

If You receive Other Benefit Sources in the form of a single sum payment and We do not receive the Written Proof described above within 10 days after You receive a single sum payment, We will adjust the amount of Your Disability benefit by the amount of such payment.]

DISABILITY INCOME INSURANCE: **OTHER BENEFIT SOURCES** WHICH WILL NOT REDUCE YOUR DISABILITY BENEFIT

(1) [We will not reduce Your Disability benefit to less than the Minimum Benefit shown in the SCHEDULE OF BENEFITS, or by:

- cost of living adjustments that are paid under any of the above Other **Benefit Sources**;
- reasonable attorney fees included in any award or settlement. If the attorney fees are incurred because of Your successful pursuit of Federal Social Security disability benefits, such fees are limited to those approved by the Social Security Administration;
- group credit insurance;
- mortgage disability insurance benefits;
- early retirement benefits that have not been voluntarily taken by You;
- **veteran's benefits or military pensions and/or disability benefits that You were receiving prior to becoming Disabled;**
- individual disability income insurance policies;
- benefits received from an accelerated death benefit payment;
- amounts rolled over to a tax qualified plan unless subsequently received by You while You are receiving benefit payments; or
- **retirement benefits funded by Your employer that You were receiving prior to becoming Disabled.]**

DISABILITY INCOME INSURANCE: DATE BENEFIT PAYMENTS END

Your Disability benefit payments will end on the earliest of:

- the end of the Maximum Benefit Period;
- (1) [• the date benefits end as specified in the section entitled LIMITED DISABILITY BENEFITS;]
- the date You are no longer Disabled;

- (2) • the date You die [except for benefits paid under sections entitled ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH, ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH and ADDITIONAL LONG TERM BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS];

- (3) [• the date You cease or refuse to participate in a Rehabilitation Program that We require;]

- the date You:
 - fail to have;
 - postpone more than twice;
 - or refuse to participate, without good cause,

in an examination requested by Us as described in the Physical Exams subsection of the GENERAL PROVISIONS section;

- (4) [• the date following 1-42 consecutive months of Disability for which You were entitled to receive Monthly benefit payments while You are living outside of the United States or Canada;]

- the date You fail to provide required Proof of continuing Disability;
- the date You refuse to work on either a Part-Time or Full-Time basis, if it is determined by a Physician that You are able to work on such Part-Time or Full-Time basis.

While You are Disabled, the benefits described in this certificate will not be affected if:

- Your insurance ends; or
- the Group Policy is amended to change the plan of benefits for Your class.

DISABILITY INCOME INSURANCE

ADDITIONAL SHORT TERM BENEFIT: WEEKLY PAYMENT IN THE EVENT OF YOUR DEATH

If You die while You are Disabled and You were entitled to receive Weekly Benefits under this certificate, Proof of Your death must be sent to Us. When We receive such Proof, We will pay the additional benefit described in this subsection.

BENEFIT AMOUNT

(1) [The benefit amount will be equal to **10%-100%** of:

- the Weekly Benefit You receive for the week immediately preceding Your death; or
- the Weekly Benefit You were entitled to receive for the week You die, if You die during the first week that Weekly Benefits are payable.]

We will reduce the benefit amount by any overpayment We are entitled to recover.

(2) **BENEFIT PAYMENT**

We will pay this additional benefit weekly for the lesser of:

- **1-26** weeks; or
- the remainder of the Maximum Benefit Period.

Benefit payments will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Disability Income Benefit Payments: Who We Will Pay.

DISABILITY INCOME INSURANCE

ADDITIONAL SHORT TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH

If You die while You are Disabled and You were entitled to receive Weekly Benefits under this certificate, Proof of Your death must be sent to Us. When We receive such Proof, We will pay the benefit described in this subsection.

BENEFIT AMOUNT

(1) The benefit amount will be equal to **[1-10** times the lesser of:

- the Weekly Benefit You receive for the week immediately preceding Your death; or
- the Weekly Benefit You were entitled to receive for the week You die, if You die during the first week that Weekly Benefits are payable.]

However, the maximum benefit amount We will pay under this subsection is an amount equal to **\$100-\$10,000**.

We will reduce the benefit amount by any overpayment We are entitled to recover.

(2) **[BENEFIT PAYMENT**

The benefit payment will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Disability Income Benefit Payments: Who We Will Pay.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: CHILD EDUCATION

If You are receiving a Monthly Benefit under this certificate, You may be eligible for the Child Education Benefit.

BENEFIT AMOUNT

We will pay ~~\$50-\$750~~ each month for each child who qualifies for this benefit.

BENEFIT PAYMENT

In addition to any other Disability benefit You may be receiving under this certificate, We will pay this benefit to You on a monthly basis beginning on the first ~~day~~ of the month following the date a child becomes an Eligible Student.

Eligible Student means Your dependent child who is:

- unmarried;
- under the age of **23-25**; and
- enrolled as a Full-time Student in an accredited college, university or vocational school above the 12th grade level.

Full-time Student means one who takes a full course load as defined by such school.

This benefit will end for each child on the earliest of:

- the date Your Monthly Benefit payments under this certificate end;
- the date this certificate ends; or
- the earlier of the date on which:
 - the child is no longer an Eligible Student; or
 - You have received **6-60** monthly payments under this Child Education benefit for that child.

(1) **[The term "child" or "children" includes Your natural and adopted child(ren).]**

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: COST OF LIVING ADJUSTMENT

If You have been receiving Monthly Benefits under this certificate, We will adjust Your benefit amount on the [first **day** of the month following the date the **7th – 61st**] Monthly Benefit is payable. As limited by the Maximum Benefit Period, further adjustments will take effect on each anniversary of the first adjustment. [The total number of adjustments may not exceed **5-10.**]

The adjustments do not apply to amounts We pay under this certificate for Rehabilitation Incentives or any Additional Benefits shown in the SCHEDULE OF BENEFITS.

BENEFIT AMOUNT

[To calculate Your cost of living adjustment, We will multiply the amount of Your Monthly Benefit for the month prior to the date the cost of living adjustment is to take effect by **.5%-10%**. We will add this amount to each subsequent Monthly Benefit payment.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH

(1) If You die while You are Disabled and You were entitled to receive Monthly Benefits under this certificate, Proof of Your death must be sent to Us. When We receive such Proof, We will pay the additional monthly benefit described in this section.

BENEFIT AMOUNT

(2) The additional monthly benefit will be equal to 10% - 100% of the lesser of:

- the Monthly Benefit You receive for the calendar month immediately preceding Your death;
- the Monthly Benefit You receive for the calendar month immediately preceding Your Terminal Illness if Your Monthly Benefit amount was increased due to Your Terminal Illness; or
- the Monthly Benefit You were entitled to receive for the month You die, if You die during the first month that Monthly Benefits are payable.]

We will reduce the benefit amount by any overpayment We are entitled to recover.

BENEFIT PAYMENT

(3) We will pay this additional benefit monthly for a period of 3-54 month(s). Payments will begin one month after the date of the last Monthly Benefit payment before Your death.

Benefit payments will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Benefit Payments for Disability Income Insurance.

This benefit will not be paid if You elect to receive monthly payments under the Monthly Payment in the Event of Your Terminal Illness subsection of the section entitled ADDITIONAL LONG TERM DISABILITY BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH

- (1) If You die while You are Disabled and You **1** were entitled to receive Monthly Benefits **1** under this certificate, Proof of Your death must be sent to Us. When We receive such Proof, We will pay the benefit described in this section.

BENEFIT AMOUNT

- (2) The benefit amount will be equal to **1-10** times the lesser of :

- the Monthly Benefit You receive for the calendar month immediately preceding Your death;
- the Monthly Benefit You receive for the calendar month immediately preceding Your Terminal Illness if Your Monthly Benefit amount was increased due to Your Terminal Illness; or
- the Monthly Benefit You were entitled to receive for the month You die, if You die during the first month that Disability benefits are payable. **1**

We will reduce the benefit amount by any overpayment We are entitled to recover.

BENEFIT PAYMENT

Benefit payments will be made as described in the GENERAL PROVISIONS subsection **in the provision** entitled Benefit Payments for Disability Income Insurance.

- (2) [This benefit will not be paid if You elect to receive a single sum payment under the Single Sum Payment in the Event of Your Terminal Illness subsection of the section entitled ADDITIONAL LONG TERM DISABILITY BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS

If You become Terminally Ill while You are Disabled and You are entitled to receive Monthly Benefits under this certificate, You or Your legal representative must send Proof of Your Terminal Illness to Us. When We receive such Proof, We will pay the benefit(s) described in this section.

- (1) **[Terminally Ill or Terminal Illness** means, for purposes of this and the section(s) entitled ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH and ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH, that You are expected to die within **6-12** months.]

Proof of Your Terminal Illness

You or Your legal representative must send Us a signed Physician's certification that You are Terminally Ill. We may also request an exam by a Physician of Our choice, at Our expense.

- (2) **[INCREASE IN YOUR MONTHLY BENEFIT**

We will increase Your Monthly Benefit amount beginning with the next payment due following receipt of Proof of Your Terminal Illness.

BENEFIT AMOUNT

We will increase Your Monthly Benefit percentage, on **any future** payments made during your lifetime, to **80%-100% of the first \$xx - \$xx** of Your Predisability Earnings for a maximum period of **1- 24** consecutive monthly payments. **In the event You remain Terminally Ill at the end of this period, and You remain Disabled, Your benefit under this subsection will cease, and Your Monthly Benefit will be paid in accordance with the DISABILITY INCOME INSURANCE: LONG TERM BENEFITS subsection.**

The increased Monthly Benefit amount payable for Your Terminal Illness is subject to the subsection OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT. We will also reduce the benefit by any overpayment We are entitled to recover.]

- (3) **[MONTHLY PAYMENT IN THE EVENT OF YOUR TERMINAL ILLNESS**

You may elect to **accelerate the benefit payment You would otherwise have received upon Your death under the ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH, by electing to** receive the additional benefit described in this subsection. We will pay such benefit in addition to any other benefit We pay under the certificate.

We will pay this additional benefit monthly for a period of **1- 24** month(s). Payments will begin one month after the month We receive Proof of Your Terminal Illness.

In the event of Your death prior to the payment of all such Monthly Benefits, We will pay the remaining Monthly Benefits as stated in the Disability Income Benefit Payments: Who We Will Pay subsection of the GENERAL PROVISIONS section.

BENEFIT AMOUNT

The additional monthly benefit will be equal to **10% - 100%** of the Monthly Benefit You receive for the calendar month immediately preceding the month in which You are diagnosed as Terminally Ill.

We will reduce the benefit amount by any overpayment We are entitled to recover.

If You elect to receive the additional benefit described here, no benefit will be paid under the ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH section.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS (Continued)

(1) [SINGLE SUM PAYMENT IN THE EVENT OF YOUR TERMINAL ILLNESS]

You may elect to **accelerate the benefit payment You would otherwise have received upon Your death under the ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH, by electing to** receive the additional benefit described in this subsection. This benefit will be paid in a single sum. We will pay such benefit in addition to any other benefits We pay under this certificate.

BENEFIT AMOUNT

The additional benefit will be equal to **3-12** times the Monthly Benefit You receive for the calendar month immediately preceding the month You are diagnosed as Terminally Ill.

We will reduce the benefit amount by any overpayment We are entitled to recover.

If You elect to receive the additional benefit described here, no benefit will be paid under the ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH section.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITION

If a Severe Condition begins while You are insured for this benefit and You are Disabled, due to a Severe Condition or any other Sickness or accidental injury, and entitled to receive Monthly Benefits under this certificate, You or Your legal representative must send Proof of Your Severe Condition to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the benefit(s) described in this section.

However, if more than one Severe Condition begins while You are insured for this benefit, benefits are only payable under this section for one such Severe Condition.

Proof of Your Severe Condition

You or Your legal representative must send Us Proof, including but not limited to a signed Physician's certification that You have a Severe Condition. We may also request an exam by a Physician of Our choice, at Our expense.

(1) **[Severe Condition** means:

- ALS (Lou Gehrig's Disease);
- Alzheimer's Disease or other irreversible form of senility or dementia;
- Aphasia;
- Cancer;
- Heart Attack;
- Hemiparesis;
- Kidney Failure;
- Paraplegia;
- Quadriplegia; and/or
- Stroke.

ALS (Lou Gehrig's Disease) means a progressive disease due to death of the nerve cells (motor neurons) in the spinal cord and brain that control movement resulting in loss of strength leading to the inability to move, speak, swallow, or breathe independently. The diagnosis must be based on clinical and electrophysiological findings confirmed by a Board Certified neurologist.

Alzheimer's Disease or other irreversible form of senility or dementia means the progressive development of irreversible multiple cognitive deficits, including:

- the impairment of memory, speech, and/or language;
- the ability to carry out complex motor tasks, ability to recognize objects; and
- executive functioning (planning, organizing, sequencing, abstracting)

confirmed by medical assessment of dementia to exclude treatable causes and appropriate neuropsychological testing.

Aphasia means the functional loss of coherent expressive and receptive communication including speaking, writing, reading, understanding and gesturing due to disease or injury that affects the language areas of the brain in the dominant hemisphere.

Board Certified means a Physician has received certification in the appropriate medical specialty by a member board of the American Board of Medical Specialties.

Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician who is Board Certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, and is expected to die within **24** months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.】

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DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITION (Continued)

(1) [Cancer also means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a Physician who is Board Certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; or
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Clinical Diagnosis means a diagnosis of Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- under generally accepted medical standards, a pathological diagnosis cannot be made because it would be medically inappropriate or life-threatening;
- medical diagnostic testing supports the diagnosis; and
- treatment is being provided by a Physician who is a Board Certified oncologist.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Hemiparesis means partial paralysis affecting both limbs on one side of the body.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a Physician who is a Board Certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such Physician to continue for at least 6 months; or
- a kidney transplant.

Paraplegia means paralysis of the legs and lower part of the body.

Quadriplegia means paralysis of all four limbs.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which result in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

TNM Staging means the classification standards for cancer developed by the American Joint Committee on Cancer.]

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DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITION (Continued)

(2) [SEVERE CONDITION LUMP SUM PAYMENT]

We will pay an initial benefit amount equal to **1-10** times the Monthly Benefit amount payable to You under the DISABILITY INCOME INSURANCE: LONG TERM BENEFIT section of this certificate.

The lump sum payment payable for Your Severe Condition is not subject to the subsection OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT. We will reduce the benefit by any overpayment We are entitled to recover.]

(3) [SEVERE CONDITION MONTHLY PAYMENT]

Following the initial lump sum payment, We will increase Your Monthly Benefit amount beginning with the next payment due following receipt of Proof of a Severe Condition.

BENEFIT AMOUNT

We will increase Your Monthly Benefit percentage, on payments made, to **80-100%** of the first **\$xx-\$xx** of Your Predisability Earnings.

We will pay the increased Monthly Benefit amount for Your Severe Condition for a period of **1- 60** months but not beyond the earlier of:

- the Maximum Benefit Period shown in the Schedule of Benefits; or
- the date of Your death.

After this, if You remain Disabled, We will continue to make Monthly Benefit payments to You in accordance with the Long Term Benefits section and all the other terms and conditions set forth for the insurance under this certificate.

The increased Monthly Benefit amount payable for Your Severe Condition is subject to the subsection OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT. We will also reduce the benefit by any overpayment We are entitled to recover.]

BENEFIT PAYMENT

Benefit payments will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Disability Income Benefit Payments: Who We Will Pay.

For the purpose of this provision, Monthly Benefit does not include any Rehabilitation Incentives or any additional benefits.

(4) [EXCLUSIONS]

We will not pay benefits for any Severe Condition:

1. that is caused by, contributed to by, or resulting from Your voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a Physician, or
 - an “over the counter” drug, medication or sedative taken according to package directions;
2. for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the date of the Severe Condition will be the date of the diagnosis made outside the United States.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITION (Continued)

(4) [EXCLUSIONS (Continued)]

3. that does not first occur for You while You are insured under this certificate.

EXCLUSIONS THAT APPLY TO SPECIFIC CONDITIONS

Stroke

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

Cancer

We will not pay benefits for a diagnosis of Cancer for:

- any malignant tumors classified as less than T1N0M0 under TNM Staging;
- any benign tumors, dysplasia, intraepithelial neoplasia or pre-malignant growths;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- tumors of the prostate classified as T1N0M0 or T1aN0M0 under TNM Staging;
- papillary tumors of the thyroid that are classified as T1N0M0 or less under TNM Staging and are one centimeter or less in diameter;
- tumors in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancers unless there is metastasis;
- Chronic Lymphocytic Leukemia (CLL), less than Stage III, as defined by Rai classification; or
- melanoma in situ classified as TisN0M0 under TNM staging.]

(5) [ITEMS TO BE SUBMITTED FOR AN ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITIONS CLAIM

In addition to the Proof elements shown in Filing A Disability Income Insurance Claim, the following proof elements will apply:

ALS (Lou Gehrig's Disease) – clinical diagnosis made by a Board Certified neurologist, whose clinical findings meet nationally accepted neurological diagnostic criteria (e.g. AAN, NINDH, AHCPR); and confirmation of diagnosis by tests that demonstrate acute and chronic denervation of muscle, muscle/nerve biopsy, or electrophysiological (EMG/NCV) tests.

Alzheimer's Disease or other irreversible form of senility or dementia– clinical diagnosis made by a Board Certified neurologist; formal mental status testing performed by a qualified psychologist confirming dementia; and confirmation by CT or MRI scan of brain showing cerebral atrophy/multiple brain infarcts. The following disorders]

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DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITION (Continued)

(5) [ITEMS TO BE SUBMITTED FOR A LONG TERM BENEFIT: SEVERE CONDITION CLAIM (Continued)]

are considered treatable and are excluded:

- psychiatric illness - severe affective disorders;
- nutritional disorders e.g. Vitamin B 12 deficiency;
- endocrine disorders e.g. normal pressure hydrocephalus; and
- iatrogenic Polypharmacy/substance abuse causing an organic brain syndrome.

Aphasia – a neurological diagnosis by a Board Certified neurologist that identifies the type of aphasia (e.g. receptive, expressive, anomic or global); and an MRI/CT or appropriate imaging procedure confirming a demonstrable lesion in the brain that correlates with the clinical localization of the aphasia.

Cancer – unless We accept a Clinical Diagnosis, diagnosis of Cancer must be based upon microscopic (histologic) examination of fixed tissues or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The Severe Condition for Cancer will be deemed to occur on the date that the diagnosis of Cancer is made.

Heart Attack – Written diagnosis of Heart Attack made by a Physician and supported by medical records showing an elevation of enzymes, troponins or other biochemical cardiac markers, and two of the three following criteria associated with the Heart Attack for which a claim is being made:

- Typical chest pain characteristic of an acute myocardial infarction, requiring You to be hospitalized as an inpatient;
- Electrocardiograph (EKG) changes on one or a series of electrocardiograms taken at the time You experienced the Heart Attack for which claim is being made, which changes are indicative of an acute myocardial infarction, but, if You had any prior electrocardiogram(s), the electrocardiograms presented as Proof of Heart Attack must show changes from Your last electrocardiogram, and such changes must be indicative of an acute myocardial infarction; or
- Confirmatory imaging studies such as thallium scans, or echocardiograms indicative of an acute myocardial infarction, but if You had any prior imaging studies, the imaging studies presented as Proof of Heart Attack must show changes from Your last imaging studies, which changes must be indicative of a myocardial infarction.

The covered Severe Condition for Heart Attack will be deemed to have occurred on the date the diagnosis of Heart Attack is made.

Hemiparesis – demonstration on successive neurological examinations of weakness, with or without sensory loss, affecting one side of the body, upper and lower limbs which may include the face or the limbs; motor findings showing weakness in appropriate muscle groups and abnormal deep tendon reflexes; and confirmation by radio imaging studies that show a lesion that correlates with the neurological deficit e.g. brainstem, spinal cord or cerebral lesion.

Kidney Failure – Written diagnosis of Kidney Failure made by a Physician who is Board Certified in nephrology, supported by medical records. The covered Severe Condition for Kidney Failure will be deemed to occur on the date the diagnosis of Kidney Failure is made.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITION (Continued)

(5) [ITEMS TO BE SUBMITTED FOR A LONG TERM BENEFIT: SEVERE CONDITION CLAIM (Continued)]

Paraplegia – demonstration on successive neurological examinations of weakness, with or without sensory loss, affecting both lower limbs, usually accompanied by impairment of bladder/bowel control; motor findings showing weakness in appropriate muscle groups, muscle atrophy and abnormal deep tendon reflexes; and confirmation by radio imaging studies that correlate with the neurological deficit e.g. brainstem, spinal cord, conus medullaris or cauda equina.

Quadriplegia – demonstration on successive neurological examinations of weakness, with or without sensory loss affecting all limbs, usually accompanied by impairment of bladder/bowel control; motor findings showing weakness in appropriate muscle groups, muscle atrophy and abnormal deep tendon reflexes; and confirmation by radio imaging studies that correlate with the neurological deficit e.g. brainstem, cervical spinal cord or cerebral hemispheres.

Stroke – Written diagnosis of Stroke based on medical records indicating clinical evidence of significant neurological impairment that is functional, measurable and permanent as demonstrated by magnetic resonance imaging, computerized tomography or other reliable imaging techniques that demonstrated the affected areas of the brain. Such neurological impairment must be confirmed in Writing no earlier than 30 days after the cerebrovascular accident or incident by a Physician who is Board Certified in neurology and be based upon of clinical evidence of significant neurological, motor or sensory impairment. The covered Severe Condition for Stroke will be deemed to occur on the date the diagnosis of Stroke is made.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: EXTENDED EARNINGS PROTECTION

If while insured under this certificate, You return to Active Work on a Full Time basis on the first scheduled work day following a period of Disability, We will pay You a benefit as set forth in BENEFIT AMOUNT below if the following conditions are met:

- during the period of Disability, a Monthly Benefit was paid for **1-24** months;
 - You are able to perform each of the material duties of Your Own Occupation on a Full-time basis or able to work at any gainful occupation for which You are reasonably qualified taking into account Your training, education and experience; and
- (1) ▪ As a result of having been Disabled, Your current work earnings from the Policyholder [or another employer] do not exceed an amount equal to **1-50%** of the first **\$xx-\$xx** of Your Predisability Earnings.

BENEFIT AMOUNT

(2) The benefit amount will be equal to [the lesser of:

- the Maximum Monthly Benefit shown in the SCHEDULE OF BENEFITS; or
- Your earnings loss multiplied by the Monthly Benefit percentage shown in the SCHEDULE OF BENEFITS. Your earnings loss is determined by deducting Your current work earnings from Your Predisability Earnings.]

BENEFIT PAYMENT

We will pay this additional benefit monthly for a period of **1-10** month(s). Payments will begin one month after You provide Proof of your current work earnings. Benefit payments will continue until the earliest of:

- the date **1-10** Monthly Benefits have been paid;
 - the date You die;
- (1) ▪ the date You are no longer working Full-Time for the Policyholder [or another employer];
- the date Your current work earnings exceed **1-50%** of the first **\$xx-\$xx** of Your Predisability Earnings; or
 - the date You fail to provide Proof of Your current work earnings.

GCERT2000

di/ltd/extend earnings

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: INFECTIOUS AND CONTAGIOUS DISEASE

If, while You are insured under this certificate and Actively at Work, You provide proof to Us that You have tested positive for an Infectious and Contagious Disease, We will pay the Infectious and Contagious Disease benefit. You are eligible to receive this benefit if all of the following conditions are met:

You must:

- have been insured for this benefit for a period of at least **1-12** months;
- have tested positive for the Infectious and Contagious Disease for the first time while You are covered under this benefit;
- (1) ▪ [have never refused to be immunized against the Infectious and Contagious Disease;] and
- (2) ▪ have suffered an earnings loss of **1%-80%** of the first **\$xx-\$xx** of Your earnings on the day prior to the date You first have an Infectious and Contagious Disease for a period for at least **1-12** months due to: [
 - 1. limitations or restrictions placed on You or Your license by a licensing board, law or regulation;
 - 2. the loss of Your license as a result of testing positive for an Infectious and Contagious Disease; and
 - 3. the loss of **20-100%** of Your patients or clients as the result of the voluntary or involuntary disclosure of the Infectious and Contagious Disease.]

Infectious and Contagious Disease means a disease:

- classified by the Center for Disease Control and Prevention (CDC) as infectious on the date You tested positive for such disease for the first time while You are covered under this benefit;
- that can be transmitted by one human being to another in the workplace; and
- that is potentially life threatening to those individuals You provide treatment for.]

(3) [ITEMS TO BE SUBMITTED FOR AN ADDITIONAL LONG TERM BENEFIT: INFECTIOUS AND CONTAGIOUS DISEASE

In addition to the Proof elements shown in Filing A Disability Income Insurance Claim, the following proof elements will apply:

1. CONFIRMATION OF PRESENCE OF DISEASE

You must submit information in order for Us to confirm the presence of an Infectious and Contagious Disease. The proof must meet the case definition criteria of the CDC for the disease, including but not limited to:

- clinical criteria that indicates the presence of the pathognomic features of the disease;
- radiological criteria when pathognomic or confirmatory evidence is required;
- laboratory findings according to current national standards including but not limited to:
 - hemotological; or
 - microbial analysis;
 - qualitative - identification of specific strains and subtypes of organism that correlates with exposure;]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: INFECTIOUS AND CONTAGIOUS DISEASE (Continued)

(1) [ITEMS TO BE SUBMITTED FOR AN ADDITIONAL LONG TERM BENEFIT: INFECTIOUS AND CONTAGIOUS DISEASE (Continued)]

- quantitative - a sufficient amount of the infectious agent must be present where relevant according to current national standards;
- immunological; and
- biochemical.

2. EXPOSURE

- You must submit information in order for Us to confirm Your exposure to an Infectious and Contagious Disease. The following must apply to indicate and confirm Your exposure:
 - presence of organism - the infectious organism must be shown to be present in the work environment in which exposure is claimed
 - transmission - the method of exposure to the infectious agent must conform to accepted methods of transmission of the pathogen
 - incubation period - the period between the development of clinical pathognomic features of the disease and the date of exposure to the infectious agent must conform to incubation periods defined by:
 - CDC; or
 - current nationally accepted evidence-based medical specialty appropriate definitions of the disease; and
 - immunological studies - these must correlate with the period of exposure/incubation period; such as:
 - acute phase antibodies; or
 - chronic immunological findings.

3. ABSENCE OF PRIOR DISEASE

In claims for diseases such as Hepatitis or HIV-AIDS where the infection is chronic and shows a variable course, the claimant must show that there is no prior history of the same disease.】

BENEFIT AMOUNT

(2) The benefit amount will be equal to [the lesser of:

- the Maximum Monthly Benefit shown in the SCHEDULE OF BENEFITS; and
- Your earnings loss multiplied by the Monthly Benefit percentage shown in the SCHEDULE OF BENEFITS. Your earnings loss is determined by deducting Your current work earnings from Your earnings on the day prior to the date You first have an Infectious and Contagious Disease on the day prior to the date You first have an Infectious and Contagious Disease.】

GCERT2000

di/ltd/i&c disease-2

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: INFECTIOUS AND CONTAGIOUS DISEASE (Continued)

BENEFIT PAYMENT

We will pay this benefit monthly until the earliest of:

- the date **1-60** benefit payments have been paid; or
- the date You begin to receive Monthly Benefits due to Your Disability.

Benefit payments will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Disability Income Benefit Payments: Who We Will Pay.

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: STUDENT LOAN REPAYMENT

You may be eligible for a Student Loan Repayment Benefit if You become Disabled while:

- insured under this certificate; and
- working as a Professional, and

You are:

- receiving Monthly Benefit payments under this certificate; and
- unable to return to Active Work, [or to Your residency program] as determined by Us.

Professional means a:

- Physician;
- intern or resident at a Hospital or other health care facility; or
- dentist.

Student Loan means an education loan obtained by You prior to Your first date of Disability from an accredited institution for Your own personal benefit to cover expenses for school tuition, fees, text books, supplies or other costs required to complete pre-medical, pre-dental, medical or dental education.

You must provide Us with Proof that the Student Loan:

- was granted by an accredited institution to cover expenses for tuition, fees, text books, supplies or other costs required to complete Your education;
- has not been repaid or discharged by the lending institution(s);
- is not payable under another insurance policy, including a life insurance policy; and
- is not waived, repaid, deferred, or otherwise mitigated by the lending institution due to Your Disability.

Student Loan does not include any student loan payments due and unpaid prior to the start of Your Disability, or any penalties or legal fees associated with any failure to repay any student loan.

BENEFIT AMOUNT

The Monthly Benefit payment amount is equal to the lesser of:

- **\$1,000-\$5,000**; or
- the amount of the scheduled [monthly] payment under the Student Loan(s) in effect on the day before Your date of Disability.

The Maximum Student Loan(s) Repayment Benefit is **\$10,000 - \$50,000** per year, not to exceed **\$75,000-\$200,000** in Your lifetime.

BENEFIT PAYMENT

We will pay this additional benefit monthly until the first to occur:

- the date Your Monthly Benefit ends as set forth in the Date Benefit Payments End subsection;
- the date the Student Loan balance is paid in full; or
- the date You die.

We will make any benefit payments for Student Loan Repayment directly to the lending institution designated by You in writing.

GCERT2000

di/ltd/student loan

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: RETIREMENT PLAN CONTRIBUTIONS

(1) If You are:

- permanently and totally disabled and unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months]
- and receiving a Monthly Benefit under this certificate,

We will pay the Retirement Plan Contributions Benefit.

BENEFIT AMOUNT

(2) [The amount We pay will be an amount equal to the Policyholder's contribution on Your behalf into a Qualified Retirement Plan each month.]

The amount We pay is subject to all applicable federal and state laws and regulations.

BENEFIT PAYMENT

(3) [We will pay this additional benefit, on Your behalf, to Your account under a Qualified Retirement Plan for each month that You receive a Monthly Benefit under this certificate.

We will not pay this benefit:

- beyond the date on which You begin to receive benefits under a qualified retirement plan; or
- the date You cease to satisfy the requirements set forth in the first paragraph above.

For the purpose of this benefit, any plan which is not a Qualified Retirement Plan under applicable state and/or federal law will not be included.

Qualified Retirement Plan means a pension or profit-sharing plan or an annuity plan described in Section 403(a) of the Code, which is established and maintained by the employer for the exclusive benefit of its employees, which is intended to satisfy the relevant provisions of Section 401 of the Code, the trust of which is intended to be exempt from federal income taxation.

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: BUSINESS OFFICE OVERHEAD EXPENSE

If while insured under this certificate, You:

- are actively engaged in the business of the Policyholder and contributing to the Business Office Overhead Expenses;

(1) [• are:

- the sole proprietor of the Policyholder, if the Policyholder is a sole proprietorship;
- the general partner of the Policyholder, if the Policyholder is a partnership;
- a member of a limited liability company, if the Policyholder is a limited liability company;
- a member of a professional corporation, if the Policyholder is a professional corporation;]

- become Disabled;
- are receiving Monthly Benefits under the LONG TERM BENEFIT subsection of this certificate; and
- have incurred Business Office Overhead Expenses,

You or Your legal representative must send Us satisfactory Proof of the Business Office Overhead Expenses You have incurred, in addition to sending Us Proof of Your Disability. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the benefit(s) described in this section.

For the purpose of this benefit, Proof of the Business Office Overhead Expenses means those expenses incurred prior to the date You became Disabled. Such Proof of expenses may include the following:

- Tax documents;
- Copies of bills (addressed to Your attention or to the attention of Your business);
- Business Ownership documents;
- Proof of joint occupancy; or
- Documents which indicate person(s) who are authorized to pay expenses.

BUSINESS OFFICE OVERHEAD EXPENSE ELIMINATION PERIOD

The Business Office Overhead Expense Elimination Period begins on the day You become Disabled and continues for a period shown of **1-24** months. Business Office Overhead Expense benefits will not be paid during this period.

BUSINESS OFFICE OVERHEAD EXPENSE BENEFIT AMOUNT

(2) [We will pay an amount equal to the covered monthly Business Office Overhead Expenses You actually incur in the operation of Your business, up to a maximum monthly benefit amount equal to **\$1,000-\$10,000**. If You share those expenses with someone else, We will pay only Your share. We will determine Your share based on Your business records for the 6 months before You become Disabled. For periods of less than one month, We will pro-rate Your benefit based on a 30 day month.]

BUSINESS OFFICE OVERHEAD EXPENSE BENEFIT PAYMENT

We will pay this additional benefit monthly for a period of **1-24** month(s). Benefit payment will begin one month after You have provided Proof of the Business Office Overhead Expenses You have incurred. Benefit payments will end on the earliest of:

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: BUSINESS OFFICE OVERHEAD EXPENSE (Continued)

BUSINESS OFFICE OVERHEAD EXPENSE BENEFIT PAYMENT (Continued)

- The date **1-24** monthly benefit payments have been made;
- The date Your Monthly Benefit payments under LONG TERM BENEFITS end in accordance with WHEN BENEFITS END.

(3) [Benefit payments will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Disability Income Benefit Payments: Who We Will Pay.]

(4) **Business Office Overhead Expenses** means the fixed expenses You incur that are normal and customary in the operation of Your business in the operation of Your office. [Such expenses include:

- Rent, electricity, heat, telephone, and water;
- Employees' salaries and payments for group insurance and pension plans;
- Monthly pro-rata portion of annual contributions and membership fees and dues;
- Accountants' services;
- Mortgage interest and real estate tax payments on business premises owned and used by You in Your profession;
- Mortgage interest and property tax payments on business equipment used in Your office;
- Rental of business equipment (except automobiles or motor vehicles); and
- Other such expenses necessary to operate Your office.]

If Your Office is jointly occupied, monthly Business Office Overhead Expenses will mean Your portion of such expenses. We will determine Your portion of Business Office Overhead Expenses based on Your business records for the 6 months before the start of Your Disability.

(5) [Business Office Overhead Expenses do not include salary, fees, drawing account or any other remuneration for:

- You;
- any partner, shareholder or member of Your profession;
- anyone sharing business expenses with You;
- anyone employed to perform Your duties; or
- any person to whom You are related by blood or marriage.

Business Office Overhead Expenses also do not include:

- income taxes;
- cost of goods;
- cost of implements You use in the performance of Your job;
- payments on mortgage principal, or the principal of any other indebtedness;
- monthly expenses for which You were not normally and customarily liable for on a periodic basis prior to the start of Disability; or
- any expenses that would otherwise constitute Business Office Overhead Expenses that are reimbursed under another business overhead expense type policy.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: BUSINESS PROTECTION

If while insured under this certificate, You:

- (1) [• are:
- are actively engaged in the business of the Policyholder;
 - the sole proprietor of the Policyholder, if the Policyholder is a sole proprietorship;
 - the general partner of the Policyholder, if the Policyholder is a partnership;
 - a member of a limited liability company, if the Policyholder is a limited liability company;
 - a member of a professional corporation, if the Policyholder is a professional corporation;]
- become Disabled while You are covered under this Business Protection Benefit, and remain Disabled for the longer of:
- the Elimination Period; or
 - **90-180** consecutive days; and
- are receiving a Monthly Benefit under the Long Term Benefit subsection of this certificate.

- (1) You or Your legal representative must send Us Proof of Your Disability and that You have satisfied the conditions for benefit payment set forth above. You must also send Us Proof of Your [proprietorship, partnership and/or membership in a limited liability company or professional corporation.] When We receive such Proof, We will review the claim. If We approve the claim, We will pay the benefit(s) described in this section.

BUSINESS PROTECTION BENEFIT AMOUNT

- (2) [We will pay a monthly Business Protection Benefit in an amount equal to the least of:
- **10- 60%** of Your Predisability Earnings;
 - **\$1,000 - \$10,000**; or
 - the Maximum Monthly Benefit.]

BUSINESS PROTECTION BENEFIT PAYMENT

We will pay this Business Protection Benefit for a period equal to the lesser of:

- **12-60** months; or
- the Maximum Benefit Period.

You must remain Disabled in order to continue receiving this benefit. We will pay the Business Protection Benefit to the Policyholder.

DISABILITY INCOME INSURANCE: LIFE EVENT PURCHASE OPTION

If You experience a Life Event, while insured for Long Term Benefits under this certificate, You may elect to purchase or increase Your Long Term Benefit amount by enrolling in one of the Life Event Purchase Option benefit plans available to You as shown in the SCHEDULE OF BENEFITS, within 31 days of the occurrence of a Life Event.

If You are currently enrolled for Long Term Benefits at the time a Life Event occurs, You may elect the next higher benefit plan amount available to You as shown in the SCHEDULE OF BENEFITS. However, if You are not currently enrolled for Long Term Benefits at the time a Life Event occurs, You may only enroll in the lowest benefit plan amount available to You as shown in the SCHEDULE OF BENEFITS.

- (1) [You must give Evidence of Insurability satisfactory to Us when You elect to either initially enroll or enroll in the next higher plan benefit amount available to You.

Any increased amount of coverage will become effective on the latest of the date:

- You enroll for the increased amount of coverage;
- You return to Active Work after a period of Disability; or
- We approve Your Evidence of Insurability.

The maximum number of Life Events for which You may elect to purchase and/or increase Your Long Term Benefit amount is **1-3** such election(s) during Your lifetime.

In no event may the total benefit amount which results from Your election(s) to purchase and/or increase Your Long Term Benefit amount exceed the Maximum Monthly Benefit that corresponds to the plan option You elected.

We will not pay any benefits or any increased amount of benefits under this option for a Disability that results from a Pre-existing Condition as defined in the PRE-EXISTING CONDITIONS subsection if You have been Actively at Work for less than 12 consecutive months after the date Your Disability insurance takes effect under this certificate.]

- (2) [**Life Event** means any of the following which constitutes a change in family status:

- Your marriage or divorce;
- the death of Your Spouse or child;
- the birth or adoption of Your child;
- employment or termination of employment of Your Spouse;
- switching from Part-Time to Full-Time status (or vice versa) by You or Your Spouse;
- You or Your Spouse taking an unpaid leave of absence; or
- loss of health coverage that is attributable to Your Spouse's employment.]

DISABILITY INCOME INSURANCE:

ADDITIONAL LONG TERM BENEFIT: FOR YOUR SPOUSE

- (1) [If a Severe Condition begins for Your Spouse while You are insured for Long Term Benefits under this certificate, You may be eligible to receive the Spouse Benefit. Proof of Your Spouse's Severe Condition must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Spouse Benefit.

We will pay the additional benefit only once for any one Spouse while You are insured for such Spouse Benefit, and for only one Severe Condition.]

BENEFIT AMOUNT

- (2) We will pay a benefit amount in a single sum equal to **\$1,000 - \$25,000**. [This benefit amount will not be reduced by other income You or Your Spouse may be eligible to receive while Your Spouse continues to have a Severe Condition.]

BENEFIT PAYMENT

We will pay the Spouse Benefit upon Your Spouse's completion of the Spouse Benefit Waiting Period. If You die, We will pay the Spouse Benefit as described in the GENERAL PROVISIONS subsection entitled Disability Income Benefit Payments: Who We Will Pay.

Spouse Benefit Waiting Period means the period which begins on the date Your Spouse is diagnosed with a Severe Condition, and continues for **30-90** consecutive days.

- (3) [**Severe Condition** means that due to Sickness or as a direct result of accidental injury, Your Spouse:

- is receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- has one or more of the following conditions:
 - ALS (Lou Gehrig's Disease);
 - Alzheimer's Disease or other irreversible form of senility or dementia;
 - Aphasia;
 - Cancer;
 - Heart Attack;
 - Hemiparesis;
 - Kidney Failure;
 - Paraplegia;
 - Quadriplegia;
 - Stroke; and/or
 - Complete, irrecoverable and irreparable loss of:
 - Use of both hands, or both feet, or one hand and one foot;
 - The sight in both eyes
 - Speech, or hearing in both ears

ALS (Lou Gehrig's Disease) means a progressive disease due to death of the nerve cells (motor neurons) in the spinal cord and brain that control movement resulting in loss of strength leading to the inability to move, speak, swallow, or breathe independently. The diagnosis must be based on clinical and electrophysiological findings confirmed by a Board Certified neurologist.

Alzheimer's Disease or other irreversible form of senility or dementia means the progressive development of irreversible multiple cognitive deficits, including:

- the impairment of memory, speech, and/or language;
- the ability to carry out complex motor tasks, ability to recognize objects; and
- executive functioning (planning, organizing, sequencing, abstracting)]

DISABILITY INCOME INSURANCE:

ADDITIONAL LONG TERM BENEFIT: FOR YOUR SPOUSE (Continued)

- (3) [confirmed by medical assessment of dementia to exclude treatable causes and appropriate neuropsychological testing.

Aphasia means the functional loss of coherent expressive and receptive communication including speaking, writing, reading, understanding and gesturing due to disease or injury that affects the language areas of the brain in the dominant hemisphere.

Board Certified means a Physician has received certification in the appropriate medical specialty by a member board of the American Board of Medical Specialties.

Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician who is Board Certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, and is expected to die within **24** months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Cancer also means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a Physician who is Board Certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; or
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Clinical Diagnosis means a diagnosis of Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- under generally accepted medical standards, a pathological diagnosis cannot be made because it would be medically inappropriate or life-threatening;
- medical diagnostic testing supports the diagnosis; and
- treatment is being provided by a Physician who is a Board Certified oncologist.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Hemiparesis means partial paralysis affecting both limbs on one side of the body.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a Physician who is a Board Certified nephrologist has determined that such failure requires either:]

DISABILITY INCOME INSURANCE:

ADDITIONAL LONG TERM BENEFIT: FOR YOUR SPOUSE (Continued)

- (3) [• immediate and regular kidney dialysis (no less often than weekly) that is expected by such Physician to continue for at least 6 months; or
- a kidney transplant.

Paraplegia means paralysis of the legs and lower part of the body.

Quadriplegia means paralysis of all four limbs.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which result in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

TNM Staging means the classification standards for cancer developed by the American Joint Committee on Cancer.]

For the purpose of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within **30-180** days of the accidental injury and resulted from such injury independent of other causes.

(4) [EXCLUSIONS

We will not pay benefits for any Severe Condition:

1. that is caused by, contributed to by, or resulting from Your Spouse voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a Physician, or
 - an “over the counter” drug, medication or sedative taken according to package directions;
2. for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the date of the Severe Condition will be the date of the diagnosis made outside the United States.
3. that does not first occur for Your Spouse while You are insured under this certificate.

EXCLUSIONS THAT APPLY TO SPECIFIC COVERED CONDITIONS

Stroke

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.]

DISABILITY INCOME INSURANCE:

ADDITIONAL LONG TERM BENEFIT: FOR YOUR SPOUSE (Continued)

(4)

[Cancer

We will not pay benefits for a diagnosis of Cancer for:

- any malignant tumors classified as less than T1N0M0 under TNM Staging;
- any benign tumors, dysplasia, intraepithelial neoplasia or pre-malignant growths;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- tumors of the prostate classified as T1N0M0 or T1aN0M0 under TNM Staging;
- papillary tumors of the thyroid that are classified as T1N0M0 or less under TNM Staging and are one centimeter or less in diameter;
- tumors in the presence of human immuno-deficiency virus;
- any non-melanoma skin cancers unless there is metastasis;
- Chronic Lymphocytic Leukemia (CLL), less than Stage III, as defined by Rai classification; or
- melanoma in situ classified as TisN0M0 under TNM staging.]

(5)

[ITEMS TO BE SUBMITTED FOR AN ADDITIONAL LONG TERM BENEFIT: SEVERE CONDITIONS CLAIM

In addition to the Proof elements shown in Filing A Disability Income Insurance Claim, the following proof elements will apply:

ALS (Lou Gehrig's Disease) – clinical diagnosis made by a Board Certified neurologist, whose clinical findings meet nationally accepted neurological diagnostic criteria (e.g. AAN, NINDH, AHCPR); and confirmation of diagnosis by tests that demonstrate acute and chronic denervation of muscle, muscle/nerve biopsy, or electrophysiological (EMG/NCV) tests.

Alzheimer's Disease or other irreversible form of senility or dementia– clinical diagnosis made by a Board Certified neurologist; formal mental status testing performed by a qualified psychologist confirming dementia; and confirmation by CT or MRI scan of brain showing cerebral atrophy/multiple brain infarcts. The following disorders are considered treatable and are excluded:

- psychiatric illness - severe affective disorders;
- nutritional disorders e.g. Vitamin B 12 deficiency;
- endocrine disorders e.g. normal pressure hydrocephalus; and
- iatrogenic Polypharmacy/substance abuse causing an organic brain syndrome.

Aphasia – a neurological diagnosis by a Board Certified neurologist that identifies the type of aphasia (e.g. receptive, expressive, anomic or global); and an MRI/CT or appropriate imaging procedure confirming a demonstrable lesion in the brain that correlates with the clinical localization of the aphasia.

Cancer – unless We accept a clinical diagnosis, diagnosis of Cancer must be based upon microscopic (histologic) examination of fixed tissues or preparations of blood or bone marrow. Such examination must be documented in a Written pathology report by a Physician who is Board Certified in pathology. The covered Severe Condition for Cancer will be deemed to occur on the date that the diagnosis of Cancer is made.]

DISABILITY INCOME INSURANCE:

ADDITIONAL LONG TERM BENEFIT: FOR YOUR SPOUSE (Continued)

- (5) **[Heart Attack** – Written diagnosis of Heart Attack made by a Physician and supported by medical records showing an elevation of enzymes, troponins or other biochemical cardiac markers, and two of the three following criteria associated with the Heart Attack for which a claim is being made:
- Typical chest pain characteristic of an acute myocardial infarction, requiring Your Spouse to be hospitalized as an inpatient;
 - Electrocardiograph (EKG) changes on one or a series of electrocardiograms taken at the time Your Spouse experienced the Heart Attack for which a claim is being made, which changes are indicative of an acute myocardial infarction, but, if Your Spouse had any prior electrocardiogram(s), the electrocardiograms presented as Proof of Heart Attack must show changes from Your Spouse's last electrocardiogram, and such changes must be indicative of an acute myocardial infarction; or
 - Confirmatory imaging studies such as thallium scans, or echocardiograms indicative of an acute myocardial infarction, but if Your Spouse had any prior imaging studies, the imaging studies presented as Proof of Heart Attack must show changes from Your Spouse's last imaging studies, which changes must be indicative of a myocardial infarction.

The covered Severe Condition for Heart Attack will be deemed to have occurred on the date the diagnosis of Heart Attack is made.

Hemiparesis – demonstration on successive neurological examinations of weakness, with or without sensory loss, affecting one side of the body, upper and lower limbs which may include the face or the limbs; motor findings showing weakness in appropriate muscle groups and abnormal deep tendon reflexes; and confirmation by radio imaging studies that show a lesion that correlates with the neurological deficit e.g. brainstem, spinal cord or cerebral lesion.

Kidney Failure – Written diagnosis of Kidney Failure made by a Physician who is Board Certified in nephrology, supported by medical records. The covered Severe Condition for Kidney Failure will be deemed to occur on the date the diagnosis of Kidney Failure is made.

Paraplegia – demonstration on successive neurological examinations of weakness, with or without sensory loss, affecting both lower limbs, usually accompanied by impairment of bladder/bowel control; motor findings showing weakness in appropriate muscle groups, muscle atrophy and abnormal deep tendon reflexes; and confirmation by radio imaging studies that correlate with the neurological deficit e.g. brainstem, spinal cord, conus medullaris or cauda equina.

Quadriplegia – demonstration on successive neurological examinations of weakness, with or without sensory loss affecting all limbs, usually accompanied by impairment of bladder/bowel control; motor findings showing weakness in appropriate muscle groups, muscle atrophy and abnormal deep tendon reflexes; and confirmation by radio imaging studies that correlate with the neurological deficit e.g. brainstem, cervical spinal cord or cerebral hemispheres.

Stroke – Written diagnosis of Stroke based on medical records indicating objective evidence of significant neurological impairment that is functional, measurable and permanent as demonstrated by magnetic resonance imaging, computerized tomography or other reliable imaging techniques. Such neurological impairment must be confirmed in Writing no earlier than 30 days after the cerebrovascular accident or incident by a Physician who is Board Certified in neurology and be based upon objective evidence of significant neurological, motor or sensory impairment. The covered Severe Condition for Stroke will be deemed to occur on the date the diagnosis of Stroke is made.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: SPOUSE TRAINING

If You are receiving a Monthly Benefit under this certificate, We will pay the additional benefit amount described in this section if We receive Proof of Your Spouse's:

- enrollment in an accredited professional or trade school approved by Us for the purpose of obtaining an independent source of support and maintenance or increasing earning capacity; and
- enrollment in such school within **1-30** months after the date of Your Disability.

We may require Proof of the Spouse's continued enrollment in school during the period for which a benefit is

BENEFIT AMOUNT

- (1) We will make reimbursement payments to You in an amount equal to the charges incurred for tuition, fees and required textbooks for a period of up to **1-10** [consecutive academic semesters], not to exceed:

- an academic year maximum of **\$1,000-\$50,000**; and
- an overall maximum of **\$5,000- \$100,000**.

BENEFIT PAYMENT

- (2) We will pay this benefit [semi-annually] when We receive Proof that the charges referred to above have been paid by You. Payment will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Disability Income Benefit Payments: Who We Will Pay.

GCERT2000

di/ltd/spouse training

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: PROGRESSIVE DISEASE

If, while You are insured under this certificate, You are first diagnosed with a Progressive Disease, You or Your legal representative must send Proof of Your Progressive Disease to Us. When We receive such Proof, We will review such proof. We will determine whether Your Proof establishes that You have a Progressive Disease. If You submit a claim for Disability which results from the same Progressive Disease and if We approve the claim, We will pay the Monthly Benefit described in this section.

Proof of Your Progressive Disease

You or Your legal representative must send Us Proof, including but not limited to a signed Physician's certification that You have a Progressive Disease. We may also request an exam by a Physician of Our choice, at Our expense.

- (1) **[Progressive Disease** means a non-infectious incurable disease or disorder of indefinite duration that may affect any body organ or system (excluding musculoskeletal degenerative disorders associated with aging) with clinical manifestations that gradually/episodically worsen in severity and/or frequency, resulting in impairment of ability to perform the tasks of Your Own Occupation.

(2) **[ITEMS TO BE SUBMITTED FOR AN ADDITIONAL LONG TERM BENEFIT: PROGRESSIVE DISEASE CLAIM**

In addition to the Proof elements shown in Filing A Disability Income Insurance Claim, the following proof elements will apply:

1. CONFIRMATION OF PRESENCE OF DISEASE

You must submit information in order for Us to confirm the presence of a Progressive Disease. The proof must meet the disease criteria obtained from current nationally accepted evidence-based medical specialty appropriate definitions of the disease including but not limited to:

- clinical criteria that indicates the presence of the pathognomic features of the disease;
- radiological criteria when pathognomic or confirmatory evidence is required;
- laboratory findings appropriate to the disease as defined in the resources described above including but not limited to hemotological, immunological and biochemical;]
- pathological (tissue) diagnoses; and
- genetic testing, where appropriate.

2. ABSENCE OF PRIOR DISEASE

In claims for diseases such as Hepatitis, HIV-AIDs where the infection is chronic and shows a variable course, the claimant must show that there is no prior history of the same disease.].

PROGRESSIVE DISEASE BENEFIT

If You become Disabled as a result of a Progressive Disease, Your Monthly Benefit will be paid in the same way as benefits would be paid for any Disability in accordance with the terms and conditions of the Disability Income Insurance LONG TERM BENEFIT subsection of this certificate, except that with respect to the determination of Predisability Earnings, such earnings will be determined on whichever of the following dates below that results in the higher Monthly Benefit amount:

the date:

- You provide Us with satisfactory Proof of Your Progressive Disease; or
- before Your Disability started.

ADDITIONAL LONG TERM BENEFIT: PROGRESSIVE DISEASE (Continued)

Premium Payments

If:

- We determine that You have a Progressive Disease;
- You are not yet Disabled; and
- You then become Disabled as a result of the same Progressive Disease,

the amount of any required premium payments to pay for the cost of any disability income insurance under this certificate will be based on the greater of:

- Your Predisability Earnings as determined under this subsection; or
- Your Predisability Earnings as defined in DEFINITIONS.

In any event, the amount of such required premium payments will not be less than the amount required to pay at the time We determined that You have a Progressive Disease, subject to any waiver of premium provision set forth in the Long Term Benefits subsection.

BENEFIT PAYMENT

We will pay benefits under this subsection until the earlier of:

- the date We have made **12-60** Monthly Benefit payments; or
- the date Your benefits end under DISABILITY INCOME INSURANCE: DATE BENEFIT PAYMENTS END.

Benefit payments will be made as described in the GENERAL PROVISIONS subsection in the provision entitled Disability Income Benefit Payments: Who We Will Pay.

Benefits will not be paid if You are no longer eligible for the insurance under this certificate on the Date You become Disabled.

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: PRESUMPTIVE DISABILITY

If You become Presumptively Disabled, or a Presumptive Disability begins, while You are insured, Proof of Presumptive Disability must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Presumptive Disability benefit.

Presumptive Disability or Presumptively Disabled means You are presumed to be Disabled if a Sickness causes, or an accidental injury is the Direct and Sole Cause of:

- Your complete, irrecoverable and irreparable loss of:
 - The use of both hands, or both feet, or one hand and one foot;
 - The sight in both eyes;
 - Speech; or

- Hearing in both ears;[

Or

- Your:
 - Hemiparesis;
 - Paraplegia; or
 - Quadriplegia.]

Direct and Sole Cause means that the loss occurs within [90-100] days of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

(1) **[Hemiparesis]** means partial paralysis affecting both limbs on one side of the body.

Paraplegia means paralysis of the legs and lower part of the body.

Quadriplegia means paralysis of all four limbs.]

If You have a Presumptive Disability or You are Presumptively Disabled, We will consider You to have such Presumptive Disability or to be Presumptively Disabled even if You are able to work and even if You are not receiving Appropriate Care and Treatment from a Physician.

You must complete the Presumptive Disability Benefit Waiting Period in order to be eligible for the Presumptive Disability benefit.

Presumptive Disability Benefit Waiting Period means the period which begins on the date You become Presumptively Disabled, and continues for 30-90 consecutive days.

BENEFIT AMOUNT

We will pay a benefit amount equal to the Monthly Benefit shown in the SCHEDULE OF BENEFITS.

BENEFIT PAYMENT

We will pay the Presumptive Disability benefit in lieu of any Monthly Benefit for Disability You might be eligible to receive under this certificate for Disability.

We will pay the Presumptive Disability benefit monthly, subject to the Maximum Benefit Period, for the number of months shown below.

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: PRESUMPTIVE DISABILITY BENEFIT (Continued)

(1)	[Loss	Number of Monthly Benefit Payments
	Sight in Both Eyes	46-60
	Both Hands	46
	Both Feet	46
	One Hand and One Foot	46
	Speech	46
	Hearing in Both Ears	46
	Hemiparesis	50
	Paraplegia	55
	Quadriplegia	60]

We will begin to make Presumptive Disability benefit payments one month after the date You complete the Presumptive Disability Waiting Period.

Presumptive Disability benefit payments will be made in the same manner as described for Disability benefit payments in the Disability Income Insurance: Who We Will Pay provision in the GENERAL PROVISIONS section.

(2) [EXCLUSIONS

We will not pay benefits for any Presumptive Disability:

1. that is caused by, contributed to by, or resulting from Your voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a Physician, or
 - an “over the counter” drug, medication or sedative taken according to package directions;
2. for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the date of the Presumptive Disability will be the date of the diagnosis made outside the United States; or
3. that does not first occur for You while You are insured under this certificate.]

(3) [ITEMS TO BE SUBMITTED FOR AN ADDITIONAL LONG TERM BENEFIT: PRESUMPTIVE DISABILITY CLAIM

In addition to the Proof elements shown in Filing A Disability Income Insurance Claim, the following proof elements will apply:

Hemiparesis – demonstration on successive neurological examinations of weakness, with or without sensory loss, affecting one side of the body, upper and lower limbs which may include the face or the limbs; motor findings showing weakness in appropriate muscle groups and abnormal deep tendon reflexes; and confirmation by radio imaging studies that show a lesion that correlates with the neurological deficit e.g. brainstem, spinal cord or cerebral lesion.

Paraplegia – demonstration on successive neurological examinations of weakness, with or without sensory loss, affecting both lower limbs, usually accompanied by impairment of bladder/bowel control; motor findings showing weakness in appropriate muscle groups, muscle atrophy and abnormal deep tendon reflexes; and confirmation by radio imaging studies that correlate with the neurological deficit e.g. brainstem, spinal cord, conus medullaris or cauda equina.]

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di/ltd/pd

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: PRESUMPTIVE DISABILITY BENEFIT (Continued)

- (3) **[Quadriplegia** – demonstration on successive neurological examinations of weakness, with or without sensory loss affecting all limbs, usually accompanied by impairment of bladder/bowel control; motor findings showing weakness in appropriate muscle groups, muscle atrophy and abnormal deep tendon reflexes; and confirmation by radio imaging studies that correlate with the neurological deficit e.g. brainstem, cervical spinal cord or cerebral hemispheres.]

DISABILITY INCOME INSURANCE

ADDITIONAL LONG TERM BENEFIT: AUTOMATIC BENEFIT INCREASE OPTION

While You are insured under this certificate, You may elect to increase Your Monthly Benefit amount on Option Renewal Dates, without submitting evidence of Your insurability for such increased benefit amount, if You are not Disabled and:

- elect the AUTOMATIC BENEFIT INCREASE OPTION at the time You are first eligible for it;
- do not decline any increase in Monthly Benefit amount that You are eligible for on any Option Renewal Dates under this subsection; and
- apply for each such increase in Your Monthly Benefit amount, on a form satisfactory to Us, **30-60** days prior to each Option Renewal Date.

BENEFIT INCREASE AMOUNT

Each increase in Your Monthly Benefit amount will be equal to **1%-50%** of the Monthly Benefit amount that is:

- first elected by You from the Monthly Benefit amount options available to You as shown in the Schedule of Benefits; and
- in effect prior to the first Optional Renewal that You are eligible to elect an increase in Your Monthly Benefit amount under this subsection.

Each increase in Your Monthly Benefit amount under this subsection, will be effective on the applicable Option Renewal Date. The amount of Your premium contribution will be adjusted in accordance with such increased Monthly Benefit amount.

No increase in Your Monthly Benefit amount under this subsection will become effective if You are Disabled on the Option Renewal Date for which such increased amount is scheduled to take effect.

In no event will the total of Monthly Benefit increases elected under this benefit:

- exceed x% of Your Predisability Earnings; or
- results in a Monthly Benefit amount that exceeds the Maximum Monthly Benefit.

Option Renewal Date means:

- the third anniversary of the effective date of Your insurance under this certificate; and
- every third anniversary of such first Option Renewal Date that occurs thereafter up to the **6th-12th** such anniversary of the first Option Renewal Date.

GCERT2000

di/ltd/auto increase

DISABILITY INCOME INSURANCE: PRE-EXISTING CONDITIONS

Pre-existing Condition means a Sickness or accidental injury for which You:

- received medical treatment, consultation, care, or services; **[or]**
- took prescription medication or had medications prescribed **[**; or

- (1) • had symptoms or conditions that would cause a reasonably prudent person to seek diagnosis, care or treatment **]**
- (2) **[in the 1-12 months before Your insurance or any increase in the amount of insurance under this certificate takes effect.]**
- (3) **[We will not pay benefits, or any increase in benefit amount due to;**
 - an elected increase in the amount of Your insurance; or
 - **an amendment to the plan**

for a Disability that results from a Pre-existing Condition, if You have been Actively at Work for less than **1- 24** consecutive months after the date Your Disability insurance or the elected increase in the amount of such insurance, as shown in the Schedule of Benefits, takes effect under this certificate.]

DISABILITY INCOME INSURANCE: LIMITED DISABILITY BENEFITS

(1) [For Disability Due to Alcohol, Drug or Substance Abuse or Addiction]

If You are Disabled due to alcohol, drug or substance abuse or addiction, We will limit Your Disability benefits to one period of Disability during your lifetime. During Your Disability, We require You to participate in an alcohol, drug or substance abuse or addiction recovery program recommended by a Physician.

We will end Disability benefit payments at the earliest of:

- the date You receive 1- 63 months of Disability benefit payments;
- the date You cease or refuse to participate in the recovery program referred to above; or
- the date You complete such recovery program.

For Disability Due to Mental or Nervous Disorders or Diseases, neuromuscular, musculoskeletal or soft tissue disorder, chronic fatigue syndrome and related conditions

If You are Disabled due to one or more of the following, We will limit Your Disability benefits to a lifetime maximum equal to the lesser of:

- 1-100 months; or
- the Maximum Benefit Period.

Your Disability benefits will be limited as stated above for:

1. a Mental or Nervous Disorder or Disease **that results from any cause**, except for:
 - dementia;
 - organic brain disease; or
 - schizophrenia;

Dementia means a loss of cognitive function. A diagnosis requires a significant impairment in at least two cognitive domains, such as memory and language skill, without a change in the level of consciousness.

Organic Brain Disease means a change in mental state (alertness, affect, cognition) which is due to a medical disorder, and is not due to psychiatric illness. The duration, course and prognosis will be based on the etiology of the underlying disease.

Mental or Nervous Disorder or Disease means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic And Statistical Manual Of Mental Disorders as of the date of Your Disability. A condition may be classified as a Mental or Nervous Disorder or Disease regardless of its cause.

Schizophrenia means a chronic psychiatric disorder consisting of disturbances in thinking; behavior; and perception (psychoses) of varying severity. The symptoms include:

- delusions;
- hallucinations;
- disorganized speech;
- disorganized or catatonic behavior; and
- negative symptoms, such as
 - flat affect;
 - alogia which is the complete lack of speech; and
 - avolition which is the reduction, difficulty, or inability to initiate and persist in goal directed behavior.]

DISABILITY INCOME INSURANCE: LIMITED DISABILITY BENEFITS

[For Disability Due to Mental or Nervous Disorders or Diseases, neuromuscular, musculoskeletal or soft tissue disorder, chronic fatigue syndrome and related conditions (continued)]

Two or more of the above symptoms must be present for most of the time for at least 6 months unless either condition below is present:

- psychosis is treated
 - delusions are bizarre; or
 - auditory hallucinations are present consisting of a single voice which keeps up a running commentary or voices conversing with each other.
2. Neuromuscular, musculoskeletal or soft tissue disorder including, but not limited to, any disease or disorder of the spine or extremities and their surrounding soft tissue; including sprains and strains of joints and adjacent muscles, unless the Disability has objective evidence of:

- Myelopathies;
- Myopathies;
- Radiculopathies;
- Seropositive Arthritis;
- Spinal Tumors, malignancy, or Vascular Malformations; or
- Traumatic Spinal Cord Necrosis; or

Musculoskeletal means the bones; joint; joint capsules; cartilage; and adjacent tendons, ligaments and muscles (soft tissues).

Myelopathies means disease of the spinal cord supported by objective clinical findings of spinal cord pathology.

Myopathies means disease of muscle fibers, supported by pathological findings on biopsy or electromyography (EMG).

Neuromuscular means the peripheral motor nerves and the muscles that such nerves supply.

Radiculopathies means disease of the peripheral nerve roots supported by objective clinical findings of nerve pathology.

Seropositive Arthritis means an inflammatory disease of the joints supported by clinical findings of arthritis plus positive serological tests for connective tissue disease.

Soft Tissue means the muscle; fat; fibrous (myofascial) tissues; and blood vessels, which connect, support, or surround the bony structures and organs of the body.

Spinal means components of the bony spine or spinal cord.

Tumor(s) means abnormal growths which may be malignant or benign.

Traumatic Spinal Cord Necrosis means injury or disease of the spinal cord resulting from traumatic injury with resultant paralysis.

Vascular Malformations means abnormal development of blood vessels.

3. Chronic fatigue syndrome and related conditions.]

DISABILITY INCOME INSURANCE: LIMITED DISABILITY BENEFITS

[For Disability Due to Mental or Nervous Disorders or Diseases, neuromuscular, musculoskeletal or soft tissue disorder, chronic fatigue syndrome and related conditions (continued)]

Chronic fatigue syndrome means the:

- clinically evaluated, unexplained persistent or relapsing chronic fatigue that is of:
 - new or definite onset that is not lifelong;
 - is not the result of ongoing exertion;
 - is not substantially alleviated by rest;
 - results in substantial reduction in previous levels of occupational, educational, social, or personal activities;
- concurrent occurrence of four or more of the following symptoms:
 - substantial impairment in short-term memory or concentration;
 - sore throat;
 - tender lymph nodes;
 - muscle pain;
 - multi-joint pain without swelling or redness;
 - headaches of a new type, pattern, or severity;
 - unrefreshed sleep; and
 - post-exertional malaise lasting more than 24 hours.

These symptoms must have persisted or recurred during 6 or more consecutive months of illness and must not have predated the fatigue.

For Occupational Disabilities

We will not pay benefits for any Disability:

- which happens in the course of any work performed by You for wage or profit; or
- for which You are eligible to receive benefits under workers' compensation or a similar law.]

DISABILITY INCOME INSURANCE: EXCLUSIONS

We will not pay for any Disability caused or contributed to by:

- (1) [1. war, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
2. Your active participation in a riot;
3. intentionally self-inflicted injury;
4. any injury, **illness or disease** for which You are entitled to benefits under Workers' Compensation or a similar law;
5. attempted suicide; or
6. commission of or attempt to commit **or taking part in** a felony.

We will not pay Short Term Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:

1. cosmetic surgery or treatment primarily to change appearance;
2. sex-change surgery;
3. reversal of sterilization;
4. liposuction;
5. visual correction surgery; and
6. in vitro fertilization; embryo transfer procedure; or artificial insemination. However, pregnancies and complications from any of these procedures will be treated as a Sickness.]

FILING A DISABILITY INCOME INSURANCE CLAIM

- (1) [The Policyholder should have a supply of claim forms. Obtain a claim form from the Policyholder and fill it out carefully. Return the completed claim form with the required Proof to the Policyholder].

If You are unable to report for Active Work due to a Sickness or accidental injury, and You think that You may be Disabled, You should contact MetLife or Your benefits representative to initiate a claim. We recommend that You do so no later than **2-12** weeks after the first day You are unable to report for Active Work so that Your claim can be processed in a timely manner."

- (2) [When a claimant files an initial claim for Disability Income Insurance benefits described in this certificate, both the notice of claim and the required Proof should be sent to Us within 90 days after the end of the Elimination Period.]

Notice of claim and Proof for Disability Income Insurance may also be given to Us by following the steps set forth below:

Step 1

A claimant may give Us notice by calling Us at the toll free number shown in the Certificate Face Page within 20 days of the date of a loss.

Step 2

We will send a claim form to the claimant and explain how to complete it. The claimant should receive the claim form within 15 days of giving Us notice of claim.

Step 3

When the claimant receives the claim form the claimant should fill it out as instructed and return it with the required Proof described in the claim form. If the claimant does not receive a claim form within 15 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

Step 4

The claimant must give Us Proof not later than 90 days after the end of the Elimination Period.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given within **6-18** months after the end of the Elimination Period or if it is not reasonably possible to give notice of claim or Proof within such period, they are given as soon as is reasonably possible thereafter.]

- (3) **[Items to be Submitted for a Disability Income Insurance Claim]**

When submitting Proof on an initial or continuing claim for Disability Income insurance, the following items may be required:

- documentation which must include, but is not limited to, the following information:
 - the date Your Disability started;
 - the cause of Your Disability;
 - the prognosis of Your Disability;
 - the continuity of Your Disability; and
- Your application for:
 - Other Benefit Sources;
 - Federal Social Security disability benefits; and
 - Workers compensation benefits or benefits under a similar law.
- Written authorization for Us to obtain and release medical, employment and financial information and any other items We may reasonably require to document Your Disability or to determine Your receipt of or eligibility for Other Benefit Sources;]

FILING A DISABILITY INCOME INSURANCE CLAIM (Continued)

(3) [Items to be Submitted for a Disability Income Insurance Claim (Continued)]

- any and all medical information, including but not limited to:
 - x-ray films; and
 - photocopies of medical records, including:
 - histories,
 - physical, mental or diagnostic examinations; and
 - treatment notes; and
- the names and addresses of all:
 - physicians and medical practitioners who have provided You with diagnosis, treatment or consultation;
 - hospitals or other medical facilities which have provided You with diagnosis, treatment or consultation;
 - pharmacies which have filled Your prescriptions within the past three years; and
- additional proof elements as required and described within the additional plan provisions for which you are filing a claim for benefits.]

(4) **[Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.]

DISABILITY INCOME INSURANCE: CONVERSION PRIVILEGE

You may request in Writing during the Request Period specified below to convert Your Disability Income Insurance under the Group Policy to long term disability income insurance under another group policy if such insurance ends because Your employment ends for a reason other than retirement.

If You make a request under this subsection, evidence of Your insurability will not be required. Your insurance benefits, provisions and other terms of the conversion under such other group policy may not be the same as those that ended under the Group Policy. We reserve the right to have the conversion coverage issued by another company.

A request under this subsection may be made, if, on the date of Your request, the following requirements are met:

- The Group Policy is in effect;
- We have not received notice from the Policyholder of its intent to end the Group Policy;
- You reside in a jurisdiction that permits conversion to such other group policy;
- You have been insured for at least **6-12** months under the Long Term Benefit provision of this certificate that contains the conversion privilege prior to the date that Your employment ends;
- Your employment did not end as a result of Your retirement;
- You are not Disabled; and
- You have not become insured under any other disability income insurance plan within 31 days after the date Your Disability Income Insurance ends under the Group Policy.

Request Period

To convert Your Disability Income Insurance under the Group Policy, We must receive a completed request form from You within 31 days after the date such insurance ends under this certificate.

Your long term disability income insurance under such other group policy will take effect on the day after Your Disability Income Insurance ends under this certificate.

Premiums for the Long Term Disability Income Insurance

When You request to convert Your Disability Income Insurance under this subsection, the first premium must be paid within 31 days after such insurance ends under this certificate. If We do not receive Your initial premium payment within such 31 day period, You will not be eligible for converted Disability Income Insurance. All premiums must be paid directly to Us. When We issue Your long term disability income insurance under such other group policy, We will also provide You with a schedule of premiums and payment instructions. If Your converted Disability Income Insurance is issued by a company other than MetLife, information regarding premium payment will be sent to You by such other company.

<i>SERFF Tracking Number:</i>	<i>META-125468050</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38513</i>
<i>Company Tracking Number:</i>	<i>B08-2 GJ</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.004 Other</i>
<i>Product Name:</i>	<i>Group Accident & Health Insurance</i>		
<i>Project Name/Number:</i>	<i>GCERT2000/B08-2 GJ</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-125468050	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38513
Company Tracking Number:	B08-2 GJ		
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.004 Other
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	GCERT2000/B08-2 GJ		

Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	Approved-Closed	03/31/2008
Bypass Reason:	This information is provided in the Cover Letter			
Comments:				

Bypassed -Name:	Application	Review Status:	Approved-Closed	03/31/2008
Bypass Reason:	Not Application for this filing submission.			
Comments:				

Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	03/31/2008
Comments:	Cover Letter			
Attachment:	B08-2 GJ - Filing Letter (AR).pdf			

Satisfied -Name:	ARCERTREAD	Review Status:	Approved-Closed	03/31/2008
Comments:	ARCERTREAD			
Attachment:	ARCERTREAD.pdf			

Satisfied -Name:	NAIC Transmittal Form	Review Status:	Approved-Closed	03/31/2008
Comments:	NAIC Transmittal Form			
Attachment:	AR -2007 NAIC Transmittal Document.pdf			

Review Status:

<i>SERFF Tracking Number:</i>	<i>META-125468050</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38513</i>
<i>Company Tracking Number:</i>	<i>B08-2 GJ</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.004 Other</i>
<i>Product Name:</i>	<i>Group Accident & Health Insurance</i>		
<i>Project Name/Number:</i>	<i>GCERT2000/B08-2 GJ</i>		

Satisfied -Name:	ATTACHMENT A - Nationwide	Approved-Closed	03/31/2008
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Comments:

ATTACHMENT A - Nationwide

Attachment:

ATTACHMENT A - Nationwide .pdf

SERFF Tracking Number: META-125468050 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38513
Company Tracking Number: B08-2 GJ
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.004 Other
Product Name: Group Accident & Health Insurance
Project Name/Number: GCERT2000/B08-2 GJ

Review Status:
Satisfied -Name: ATTACHMENT B - Nationwide Approved-Closed 03/31/2008
Comments:
ATTACHMENT B - Nationwide
Attachment:
ATTACHMENT B - Nationwide.pdf

Review Status:
Satisfied -Name: Instructions for EOV Replacement Approved-Closed 03/31/2008
Pages
Comments:
Instructions for EOV Replacement Pages
Attachment:
Instructions for EOV Replacement Pages- NW.pdf

Review Status:
Satisfied -Name: Explanation of Variable Approved-Closed 03/31/2008
Comments:
Explanation of Variable
Attachment:
GCERT EOV - Nationwide Global (FINAL - hilite copy).pdf

Gayle G. Jones

Consultant, Institutional Contracts Development
Group and SBC Contracts & Compliance Division

March 25, 2008

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: GCERT2000 Series- Group Accident and Health Insurance Forms
(See Attachment A for a list of submitted forms)
Our NAIC No. is 65978
Our FEIN No. is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the above referenced group accident and health insurance forms. These forms are new and do not replace any forms previously filed with your Department.

Form Number	Description
GCERT2000 Series	Certificate insert Pages. These insert pages are designed to enhance the disability income insurance coverage for certificate series GCERT2000. This submission represents a new installment for GCERT2000, of which the first installment was the group term life and accidental death and dismemberment (AD&D) insurance, and related certificate insert forms, approved by your Department on July 24, 2001. This submission includes some new benefits and some revisions made to previously approved benefits. All changes to previously filed benefits have been highlighted in red and shaded, while new benefits are highlighted in red for your review.

Please refer to Attachment A for a listing of each of the additional GCERT2000 forms that are being submitted for approval. Please refer to Attachment B for a description of when each form submitted will be included in a certificate and for a listing of other previously approved GCERT2000 certificate forms which may or will be included in a group accident and health insurance certificate to make a whole certificate when issued.

The insurance described may be contributory or noncontributory, and/or may be printed in another format such as continuous text or booklet.

The GCERT2000 will be used with the following forms which were approved by your department:

- GPNP99 group policy form – approved on April 28, 1999.
- G.2130-S group policy form – approved on March 21, 1979 – or any other group policy form which was previously approved by your department.

With the first installment of the GCERT2000 certificate series we filed a loose-leaf binder with the Explanation of Variable Material. This filing necessitates that some changes be made to the previously approved Explanation of Variable Material binder. We are enclosing two copies of the following:

- several replacement pages for certain previously approved pages;
- new section of variable material explaining the variable material set forth in the new forms enclosed for your review.

We have highlighted all of the changes to the Explanations of Variable Material for your ease of review. Please note that new items are highlighted in red, while amended items have been highlighted in red and then shaded.

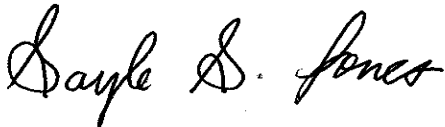
We are enclosing an Actuarial Memorandum which updates Section II of MetLife's Group Insurance Rate Manual to accommodate new additional disability income benefits that are included as part of the subject GCERT2000 disability income forms. Please keep the actuarial memorandum confidential to the extent allowable by law.

Rates for disability income benefits, including those shown on the subject GCERT2000 forms, which are not described in the enclosed Actuarial Memorandum as new covered benefits, are on file with the Department.

The enclosed forms were approved by New York for use outside of New York on January 31 2008.

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

Very truly yours,



Gayle G. Jones



Herbert B Brown Jr.
Vice President



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
GCERT2000	Certificate insert pages	53.2

A handwritten signature in black ink, appearing to read "Herbert B. Brown Jr.".

Herbert B. Brown Jr.
Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas				
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company 1 MetLife Plaza – Area 6E Long Island City, NY 11101	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Gayle G. Jones Metropolitan Life Insurance Co. 501 Route 22 Bridgewater Township, NJ 08807	(908)253-2753	(908)253-2126	ggjones@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	B08-2 GJ
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>
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9.	Type of Insurance	H11G Group Health Disability Income
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10.	Product Coding Matrix Filing Code	H11G.005 Combine Short and Long Term
------------	--	--------------------------------------

11.	Submitted Documents	<p><u>FORMS</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 30%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p><u>Rates</u></p> <input checked="" type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate
		<p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>

12.	Filing Submission Date	March 25, 2008	
13	Filing Fee (If required)	Amount	<u>\$50.00</u>
		Check Date	<u>March 25, 2008</u>
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	<u>EFT</u>
14.	Date of Domiciliary Approval	Pending	
15.	Filing Description:		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
Print Name <u>Gayle G. Jones</u>		Title <u>Consultant</u>
Signature <u>Gayle G. Jones</u>		Date: <u>March 25, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		B08-2 GJ
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Certificate Insert	GCERT2000, di/std 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/std
02	Certificate Insert	GCERT2000, di/std pre	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Certificate Insert	GCERT2000, di/ltd 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ltd
04	Certificate Insert	GCERT2000, di/red 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/red
05	Certificate Insert	GCERT2000, di/no red 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ no red
06	Certificate Insert	GCERT2000, di/ben end 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000. di/ben end
07	Certificate Insert	GCERT2000, di/std/sur inc	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Certificate Insert	GCERT2000, di/std/ss death	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09	Certificate Insert	GCERT2000, di/ltd/ child ed 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ltd/child ed
10	Certificate Insert	GCERT2000, di/ltd/cola 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ltd/cola

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	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
11	Certificate Insert	GCERT2000, di/sur inc 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/sur inc
12	Certificate Insert	GCERT2000, di/ltd/ss death 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ltd ss death
13	Certificate Insert	GCERT2000, di/ltd/term ill 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ltd/term ill
14	Certificate Insert	GCERT2000, di/ltd/severe cond	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ltd/severe cond
15	Certificate Insert	GCERT2000, di/ltd/extend earnings	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
16	Certificate Insert	GCERT2000, di/ltd/i&C disease	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
17	Certificate Insert	GCERT2000, di/ltd/student loan	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
18	Certificate Insert	GCERT2000, di/ltd/pension 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/ltd/pension
19	Certificate Insert	GCERT2000, di/ltd/ busovexp	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
20	Certificate Insert	GCERT2000, di/ltd/busprotect	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
21	Certificate Insert	GCERT2000, di/life event	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
22	Certificate Insert	GCERT2000, di/spouse ltd	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
23	Certificate Insert	GCERT2000, di/ltd/spouse training	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

24	Certificate Insert	GCERT2000, di/ltd/prog di	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
25	Certificate Insert	GCERT2000, di/ltd/pd	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
26	Certificate Insert	GCERT2000, di/ltd/auto increase	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
27	Certificate Insert	GCERT2000, di prex 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di pre ex
28	Certificate Insert	GCERT2000, di/limited ben	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/limited ben
29	Certificate Insert	GCERT2000, di/excl 12/07	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GCERT2000, di/excl
30	Certificate Insert	GCERT2000 dis claim	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
31	Certificate Insert	GCERT2000, di/convert	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			B08-2 GJ	
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Certificate Insert	GCERT2000, di/std 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/std
02	Certificate Insert	GCERT2000, di/std pre	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03	Certificate Insert	GCERT2000, di/ltd 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/ltd
04	Certificate Insert	GCERT2000, di/red 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/red
05	Certificate Insert	GCERT2000, di/no red 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/no red
06	Certificate Insert	GCERT2000, di/ben end 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/ben end
07	Certificate Insert	GCERT2000, di/std/sur inc	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08	Certificate Insert	GCERT2000, di/std/ss death	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09	Certificate Insert	GCERT2000, di/ltd/ child ed 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/ltd/ child ed
10	Certificate Insert	GCERT2000, di/ltd/cola 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/ltd/cola
	Certificate Insert	GCERT2000, di/sur inc 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/sur inc
	Certificate Insert	GCERT2000, di/ltd/ss death 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/ltd/ss death

	Certificate Insert	GCERT2000, di/ltd/term ill 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/ltd/term ill
	Certificate Insert	GCERT2000, di/ltd/severe cond	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/extend earnings	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/i&C disease	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/student loan	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/pension 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/ltd/pension
	Certificate Insert	GCERT2000, di/ltd/ busovexp	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/busprotect	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/life event	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/spouse ltd	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/spouse training	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/prog di	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/pd	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/ltd/auto increase	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

	Certificate Insert	GCERT2000, di prex 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di prex
	Certificate Insert	GCERT2000, di/limited ben 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/limited ben
	Certificate Insert	GCERT2000, di/excl 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	GCERT2000, di/excl
	Certificate Insert	GCERT2000 dis claim	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
	Certificate Insert	GCERT2000, di/convert	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

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ATTACHMENT A

FORMS CONTAINED IN THIS SUBMISSION

FORM NUMBER	GENERIC PRODUCT DESCRIPTION	GENERIC FORM DESCRIPTION
GCERT2000 di/std12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/std pre (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/red 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/no red 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ben end 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/std sur inc (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form

ATTACHMENT A (Continued)**FORMS CONTAINED IN THIS SUBMISSION**

FORM NUMBER DESCRIPTION	GENERIC PRODUCT DESCRIPTION	GENERIC FORM
GCERT2000 di/std/ss death (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/child ed 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/cola 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/sur inc 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/ss death 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/term ill 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/severe cond (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/extend earnings (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/i&c disease (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form

ATTACHMENT A (Continued)**FORMS CONTAINED IN THIS SUBMISSION**

FORM NUMBER DESCRIPTION	GENERIC PRODUCT DESCRIPTION	GENERIC FORM
GCERT2000 di/ltd/student loan (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/pension 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/busovexp (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/busprotect (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/life event (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/spouse ltd (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/spouse training (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/prog di (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form

ATTACHMENT A (Continued)**FORMS CONTAINED IN THIS SUBMISSION**

FORM NUMBER DESCRIPTION	GENERIC PRODUCT DESCRIPTION	GENERIC FORM
GCERT2000 di/ltd/pd (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/ltd/auto increase (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/pre ex 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/limited ben 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/excl 12/07 (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 dis claim (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form
GCERT2000 di/convert (and accompanying Explanation of Variable Material)	Group Disability Income Insurance	Certificate form

ATTACHMENT B

The following is a listing of each new form included in this submission, and a brief explanation of when such insert form will be included in a certificate which provides group disability income insurance.

We have also provided below a listing of other GCERT2000 forms previously approved by the Department, as referred to in the transmittal letter for this submission, which will also be included in a group disability certificate in order to form a whole certificate when issued. Some of these forms have been revised and are included with this submission. The revised forms include dates within the form number in the page that has been revised and are denoted with an asterisk *.

GCERT2000 Disability Income Insurance Forms Included in This Submission

Form Number	When Form Will Be Included
GCERT2000 di/std pre	Will be included when Short Term disability plan with benefits for pregnancy is elected by the Policyholder.
GCERT2000 di/std sur inc	Will be included when elected by the Policyholder for use with Short Term disability plans.
GCERT2000 di/std/ss death	Will be included when elected by the Policyholder for use with Short Term disability plans.
GCERT2000 di/ltd/severe cond	Will be included when elected by the Policyholder for use Long Term disability plans.
GCERT2000 di/ltd/extend earnings	Will be included when elected by the Policholder for use with Long Term disability plans.
GCERT2000 di/ltd/i&c disease	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 di/ltd/student loan	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 di/ltd/busovexp	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 di/ltd/busprotect	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 di/life event	Will be included when elected by the Policyholder
GCERT2000 di/spouse ltd	Will be included when elected by the Policyholder

ATTACHMENT B (Continued)

GCERT2000 Disability Income Insurance Forms Included in This Submission (Continued)

Form Number	When Form Will Be Included
GCERT2000 di/ltd/spouse training	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 di/ltd/prog di	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 di/ltd/pd	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 di/ltd/auto increase	Will be included when elected by the Policyholder for use with Long Term disability plans.
GCERT2000 dis claim	Will be included in all disability income certificates.
GCERT2000 di/convert	Will be included when elected by the Policyholder in order to provide conversion privileges to their employees.

Other Previously Approved GCERT2000 Forms To Be
Included in a Group Disability Income Certificate

Form Number	When Form Will Be Included
GCERT2000 fp	Will always be included.
GCERT2000 notice/fraud/nw	Will be included if any of the notices apply and if the certificate may be issued to residents of the state that require the applicable notice.
GCERT2000 toc	Will always be included.
GCERT2000 sch	Will always be included.
GCERT2000 def	Will always be included.
GCERT2000 e/ee	Will always be included.
GCERT2000 coi-eport	Will be included with the following option: the subsection entitled <i>At the Policyholder's Option</i> will only be included if elected by the Policyholder;
GCERT2000 di/std 12/07*	Will be included if the Policyholder has elected Short Term Disability benefits.
GCERT2000 di/ltd 12/07*	Will be included if the Policyholder has elected Long Term Disability benefits.
GCERT2000 di/red 12/07*	Will be included if the Policyholder has elected to include offsets
GCERT2000 di/no red 12/07*	Will be included if the Policyholder has elected to include offsets
GCERT2000 di/ben end 12/07*	Will always be included.
GCERT2000 di/ltd/child ed 12/07*	Will be included if the Policyholder has Long Term Disability benefits and elects this additional benefit.
GCERT2000 di/ltd/cola 12/07*	Will be included if the Policyholder has Long Term Disability benefits and elects this additional benefit.
GCERT2000 di/ltd/sur inc 12/07*	Will be included if the Policyholder has Long Term Disability benefits and elects this additional benefit.

ATTACHMENT B (Continued)

Other Previously Approved GCERT2000 Forms To Be Included
in a Group Disability Income Certificate (Continued)

Form Number	When Form Will Be Included
GCERT2000 di/ltd/ss death 12/07*	Will be included if the Policyholder has Long Term Disability benefits and elects this additional benefit.
GCERT2000 di/ltd/term ill 12/07*	Will be included if the Policyholder has Long Term Disability benefits and elects this additional benefit.
GCERT2000 di/ltd/pension 12/07*	Will be included if the Policyholder has Long Term Disability benefits and elects this additional benefit.
GCERT2000 di/pre ex 12/07*	Will be included if the Policyholder elects it.
GCERT2000 di/limited ben 12/07*	Will be included if the Policyholder elects it.
GCERT2000 di/excl 12/07*	Will always be included.
GCERT2000 gp	Will always be included.

EXPLANATION OF VARIABLE MATERIAL

INSTRUCTIONS FOR REPLACEMENT OF PAGES

REMOVE

INSERT

PAGES 9-10

new PAGES 9a-10a

add PAGES 10b - 10i

PAGE 12

new PAGE 12a

PAGE 13-13a

new PAGES 13a.1 - 13a.2

add PAGE 14b.1

PAGE 20

new PAGE 20a

PAGE 48

new PAGE 48a

add PAGES 48b - 48h

PAGE 49

new PAGE 49a - 49b

PAGE 50

new PAGE 50a

add PAGES 50b - 50d

PAGE 51

new PAGE 51a - 51e

PAGE 52

new PAGE 52a

PAGE 53

new PAGE 53a

add PAGES 56.1 - 56.2

PAGE 58

new PAGE 58a

add PAGE 58.1

PAGE 59

new PAGE 59a

add PAGE 59a.1

PAGE 60

new PAGE 60a

add PAGE 60a.1

PAGE 61

new PAGES 61a

add PAGES 61a.1 - 61a.14

PAGES 62-63

new PAGES 62a - 63b

PAGE 64

new PAGES 64a - 64b

EXPLANATION OF VARIABLE MATERIAL (Continued)

INSTRUCTIONS FOR REPLACEMENT OF PAGES

REMOVE

PAGE 66

PAGE 69

INSERT

new PAGES 66a - 66b

add PAGES 67.1 - 67.2

add PAGES 69a - 69b

add PAGES 70a - 70b

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def pages	Contributory Insurance	(3)	<p>If the Policyholder's plan includes Contributory Insurance, item may include a description of the contributory benefits, or item may vary to include only the first sentence of the definition if the contributory benefits are identified in the SCHEDULE OF BENEFITS or ELIGIBILITY sections.</p> <p>Otherwise, item may be omitted.</p>
	Dependent(s)	(4)	<p>Item will appear as shown or it may vary to omit "Spouse" or "Child". Otherwise, item may be omitted.</p>
	Disabled or Disability	(5)	<p>Item will appear as shown or it may vary to read as shown below. If a price index is not used as a basis of determination of earnings in the Policyholder's plan, the paragraph which references the Consumer Price Index and adjusting the Predisability Earnings amount may be omitted from the definition. In addition, when Long Term Benefits are provided, the definition of disability may be changed to remove those paragraphs that refer to adjusting Predisability Earnings after a specified time period, or to modify such language to provide for the initial adjustment to Predisability Earnings to occur on a specified date after the insured person has been disabled for a full calendar year. In addition, the range for multiplying the Predisability Earnings times the lesser of may be lowered to 1/2%.</p>

The paragraph which states the requirement that an injury occur within a specific period of time to be considered accidental may be removed.

Also, the following terms as they appear in the definitions below may appear as shown, be omitted from such definition or be replaced by the terms indicated below.

Term(s)

Replacing Term(s)

"from any employer in Your Local Economy"

"from any employer in the National Economy"

"Own Job"

"Regular Job"

"material duties"

"material and substantial duties"

The various triggers for establishing disability, as well as the terms used for such definitions, as they appear within the definitions below, may be used interchangeably within each variation of the definitions of disability shown below provided there is a sound actuarial basis for the substitution of such terms. For example, earnings triggers or performance of duties triggers, as well as "any occupation" or "own occupation" tests, may be used with Total Disability, Partial Disability or Disability definitions. Such various triggers may also be used with versions of the definition of disability based upon approval for Social Security benefits. In addition, the disability triggers may use the conjunctions "and", "or", or "and/or" in linking one or more triggers with another.

In addition, for school groups the earnings test that appears in the definition may be modified to provide that the test for disability would differ depending on whether or not the employee is disabled on a date of required attendance.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages	Disabled or Disability (con't)		
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The definitions of disability set forth below, when based on the insured's "Own Job" or "Regular Job", may be modified to provide that the various triggers for determining disability such as the inability to earn a specified percentage of predisability earnings or perform material duties of a job or occupation may take into consideration the policyholder's offer of a comparable job to the insured, and not be based solely on the insured's "Own Job" or "Regular Job". If so, the phrase "or Comparable Job" would be added to the definition trigger, and the following definition may be added for use with the definition of disability:

"Comparable Job means any job for which You are reasonably fitted by education, training, and experience and which provides compensation and a position near or equivalent to that of Your Own Job/Regular Job. The determination as to whether a job offered by the Policyholder is comparable to Your Own Job/Regular Job shall be made by Us after consultation with the Policyholder."

The following disability trigger may also be used with the definitions of disability set forth below:

"and/or

- You have:
 - a complete, irrecoverable and irreparable loss of:
 - use of both hands, or both feet, or one hand and one foot;
 - the sight in both eyes;
 - speech; or
 - hearing in both ears;

Or

- Alzheimer's Disease or other irreversible forms of senility or dementia; Aphasia; Hemiparesis; Paraplegia; or Quadriplegia."

If such disability trigger is used, the following definitions may also be added for use with such trigger:

"Alzheimer's Disease or other irreversible form of senility or dementia means the progressive development of irreversible multiple cognitive deficits, including:

- the impairment of memory, speech, and/or language;
- the ability to carry out complex motor tasks, ability to recognize objects; and
- executive functioning (planning, organizing, sequencing, abstracting)

confirmed by medical assessment of dementia to exclude treatable causes and appropriate neuropsychological testing."

"Aphasia means the functional loss of coherent expressive and receptive communication including speaking, writing, reading, understanding and gesturing due to disease or injury that affects the language areas of the brain in the dominant hemisphere."

"Hemiparesis means partial paralysis affecting both limbs on one side of the body."

"Paraplegia means paralysis of the legs and lower part of the body."

"Quadriplegia means paralysis of all four limbs."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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The disability triggers shown in the definitions of disability below which are based on earnings capability may be modified to allow for benefit qualification with only an initial loss of 1% of predisability earnings, and after 1-24 months of receiving benefit payments, a minimum loss of 15- 50% of predisability earnings.

“**Disabled** or **Disability** means that, due to Sickness or as a direct result of accidental injury:

- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- You are unable to earn more than **40%-100%** of Your Predisability at Your Own Occupation from any employer in Your Local Economy.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability.”

OR

“**Disabled** or **Disability** means that, due to Sickness or as a direct result of accidental injury:

- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- You are unable to earn more than **40%-100%** of Your Predisability Earnings from any employer in Your Local Economy at any gainful occupation for which You are reasonably qualified taking into account Your training, education and experience.

“If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability.”

OR

“**Disabled or Disability** means that due to Sickness or as a direct result of accidental injury:

You are:

- receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- during the first **12-60** months of Sickness or accidental injury, unable to earn more than **40-100%** of Your Predisability Earnings at Your Own Occupation from any employer in Your Local Economy; and
- after such period, approved for disability benefits under the Federal Social Security Act for the same Sickness or accidental injury for which You are claiming Long Term Benefits under this certificate, and You meet all of the following requirements:
 - You submitted Written notice of a claim for Long Term Benefits under this certificate during the Elimination Period;
 - Your initial claim for Federal Social Security disability benefits was made on or before the later of:
 - the expiration of the Elimination Period; or
 - 6 months from the date of Disability;”

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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- "You are awarded Federal Social Security disability benefits on or before the expiration of a period of **30- 60** consecutive months from the date You completed the Elimination Period under this certificate and You provide Us with a copy of the Notice of Award of Social Security disability benefits within such period; and
- the date of disability indicated in the Notice of Award of Social Security disability benefits is Your last day worked prior to becoming Disabled.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within **30-180** days of the accidental injury and resulted from such injury independent of other causes.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability. "

OR

"Disabled or Disability means that due to Sickness or as a direct result of accidental injury:

You are:

- receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- during the first **12-60** months of Sickness or accidental injury, unable to earn more than **40-100%** of Your Predisability Earnings from any employer in Your Local Economy at any gainful occupation for which You are reasonably qualified taking into account Your training, education and experience; and
- after such period, approved for disability benefits under the **Federal** Social Security **Act for the same Sickness or** accidental injury for which You are claiming Long Term Benefits under this certificate, and You meet all of the following requirements:
 - You submitted Written notice of a claim for Long Term Benefits under this certificate during the Elimination Period;
 - Your initial claim for Federal Social Security disability benefits was made on or before the later of:
 - the expiration of the Elimination Period; or
 - 6 months from the date of Disability.
 - You are awarded Federal Social Security disability benefits on or before the expiration of a period of **30- 60** consecutive months from the date You completed the Elimination Period under this certificate and You provide Us with a copy of the Notice of Award of Social Security disability benefits within such period; and
 - the date of disability indicated in the Notice of Award of Social Security disability benefits is Your last day worked prior to becoming Disabled.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within **30-180** days of the accidental injury and resulted from such injury independent of other causes.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability. "

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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OR

“Disabled or Disability means that due to Sickness or as a direct result of accidental injury:

You are:

- receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- approved for disability benefits under the Federal Social Security Act for the same Sickness or accidental injury for which You are claiming Long Term Benefits under this certificate, and You meet all of the following requirements:"

You submitted Written notice of a claim for Long Term Benefits under this certificate during the Elimination Period;

- Your initial claim for Federal Social Security disability benefits was made on or before the later of:
 - the expiration of the Elimination Period; or
 - 6 months from the date of Disability;
- You are awarded Federal Social Security disability benefits on or before the expiration of a period of **30- 60** consecutive months from the date You completed the Elimination Period under this certificate and You provide Us with a copy of the Notice of Award of Social Security disability benefits within such period; and
- The date of disability indicated in the Notice of Award of Social Security disability benefits is Your last day worked prior to becoming Disabled."

OR

“ Disabled or Disability means that, due to Sickness or as a direct result of accidental injury:

- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and

You are unable to earn:

- For Short Term Benefits, more than **40%-100%** of Your Predisability Earnings at Your Own Occupation from any employer in Your Local Economy;
- For Long Term Benefits:
 - during the first **1-60** months of Sickness or accidental injury, more than **40%-100%** of Your Predisability Earnings at Your Own Occupation from any employer in Your Local Economy; and
 - after such period, more than **40%-100%** of Your Predisability Earnings from any employer in Your Local Economy at any gainful occupation for which You are reasonably qualified taking into account Your training, education and experience."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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OR

"Disabled or Disability means that, due to Sickness or as a direct result accidental injury:

- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- You are, during the first **1-300** weeks of Sickness or accidental Injury:
 - unable to earn more than **40%-100%** of Your Predisability Earnings at Your Own Occupation from any employer in Your Local Economy; and
 - unable to perform each of the material duties of Your Own Occupation; and
- You are, after such period:
 - unable to earn more than **40%-100%** of Your Predisability Earnings at any gainful occupation from any employer in Your Local Economy; and
 - unable to perform the duties of any gainful occupation for which You are reasonably qualified taking into account Your training, education and experience."

To meet the requirements of the Policyholder's plan, the paragraph shown below may be added as a separate paragraph at the end of the text for the definition of Disabled or Disability.

"However, You will not be Disabled for the purposes of this certificate if Your Employer is able to make reasonable accommodation for Your Disability to enable You to return to work and earn more than 100% of Your Predisability Earnings."

Otherwise, item may be omitted.

If the Policyholder requests a definition based on the employee's ability to perform Activities of Daily Living (ADL), the following definition may be used.

"Disabled or Disability means that due to Sickness or as a direct result of accidental injury You:

- are receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- have lost the ability to safely perform **2-4 Activities of Daily Living** without another person's assistance or verbal prompting.

For purposes of this definition, **Activities of Daily Living** mean:

- Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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- "Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
- Transferring: moving into or out of a bed, chair or wheelchair;
- Continence: ability to maintain control of bowel and bladder function; or; when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag); and/or
- Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously."

At the request of the Policyholder for a definition which includes a requirement that the insured tests positive for HIV, the following definition may be used as a single trigger or in conjunction with other triggers.

"Disability or Disabled means that while You are insured under this certificate:

- You first test positive for Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) Related Complex (ARC); and
- as a result of this disease, You are unable to perform all of the material duties of Your Own Occupation due to loss of Your license or other limitations or restrictions imposed by:
 - regulation of any licensing or clinical board;
 - regulation of Occupational Safety and Health Administration (OSHA) or any federal or state governmental agency; or
 - the Policyholder; and
- You are, in addition, unable to earn more than **20-40%** of Your Predisability Earnings from the Policyholder for a period of time equal to **6-24** months following the date it is first disclosed that You have tested positive for AIDS or ARC."

If the Policyholder requests a definition of disability based on a catastrophic benefit trigger, the following definition could be used:

"Disability or Disabled means that due to Sickness or as a direct result of accidental injury, You either:

- have a complete, irrecoverable and irreparable loss of:
 - use of both hands, or both feet, or one hand and one foot;
 - the sight of both eyes;
 - speech;
 - hearing in both ears; or
- are unable to perform each of the material duties of any gainful occupation for which You are reasonably qualified taking into account Your training, education and experience; and have:
 - Alzheimer's Disease;
 - Aphasia;
 - Hemiparesis;
 - Paraplegia; or
 - Quadriplegia."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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"For purposes of this definition:

Alzheimer's Disease or other irreversible form of senility or dementia means the progressive development of irreversible multiple cognitive deficits, including:

- the impairment of memory, speech, and/or language;
- the ability to carry out complex motor tasks, ability to recognize objects; and
- executive functioning (planning, organizing, sequencing, abstracting)

confirmed by medical assessment of dementia to exclude treatable causes and appropriate neuropsychological testing.

Aphasia means the functional loss of coherent expressive and receptive communication including speaking, writing, reading, understanding and gesturing due to disease or injury that affects the language areas of the brain in the dominant hemisphere.

Hemiparesis means partial paralysis affecting both limbs on one side of the body.

Paraplegia means paralysis of the legs and lower part of the body.

Quadriplegia means paralysis of all four limbs.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within **30-180** days of the accidental injury and resulted from such injury independent of other causes.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability."

At the request of the Policyholder, the following definition based on MetLife's individual disability insurance product may be used.

"Disabled or Disability means that due solely to Impairment caused by accidental injury or Sickness, You are:

- before the end of the Regular Occupation Period:
 - prevented from performing the material and substantial duties of Your Regular Occupation
 - not Gainfully Employed; and
 - receiving Appropriate Care and Treatment from a Physician who is appropriate to treat the condition causing the Impairment.
- after the Regular Occupation Period:
 - prevented from performing any occupation for which You are or become reasonably fitted by Your education, training or experience;
 - not Gainfully Employed; and
 - receiving Appropriate Care and Treatment from a Physician who is appropriate to treat the condition causing the Impairment."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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"We may waive the requirement of Appropriate Care and Treatment from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.

Impairment means a loss of use or function that can be evaluated by medical means.

Gainfully Employed means actively engaged in an occupation for remuneration or profit.

Regular Occupation means Your usual occupation (or occupations, if more than one) in which You are Gainfully Employed at the time You become Disabled. If You are not Gainfully Employed at the time Your Disability begins, Regular Occupation shall then mean any occupation(s) for which You are reasonably fitted by Your education, training or experience.

Regular Occupation Period means the **12-60** consecutive months which start on the first day following the Elimination Period."

The following definition may be used if the Policyholder requests a Partial and/or Total Disability definition.

"Disability or Disabled means that due to Sickness or as a direct result of accidental injury:

You are:

- receiving Appropriate Care and Treatment and complying with the requirements of such treatment; and
- during the first **12-60** months of Sickness or accidental injury, unable to perform each of the material duties of Your Own Occupation; or
- while unable to perform the material duties of Your Own Occupation on a Full-time basis, are:
 - performing at least one of the material duties of Your Own Occupation or any other gainful occupation on a Part-Time or Full-Time basis; and
 - currently unable to earn **40-100%** of Your Predisability Earnings due to that same Sickness or accidental injury; and
- after such period, unable to perform the duties of any gainful occupation for which You are reasonably qualified taking into account Your training, education, experience and past earnings.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within **30-180** days of the accidental injury and resulted from such injury independent of other causes.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability.

Full-Time means Active Work on the Policyholder's regular work schedule for the class of employees to which You belong. The work schedule must be at least 30 hours a week.

Part-Time means Active Work on the Policyholder's or any other employer's regular work schedule for the class of employees to which You belong. The work schedule must be at least 20 hours per week."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Disabled or Disability (con't)		
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The above references to "any other employer" may be removed for a particular policyholder's plan. If so, the phrase "any other gainful occupation" will be omitted also.

The following definition is designed for policyholders who request a specific definition to cover employees who are pilots of their policyholder owned aircraft. This definition can be revised pursuant to a policyholder's requirements. The components of the definition which relate to earnings triggers may be removed. In addition, a disability trigger based on performance of material duties may be substituted for the earnings triggers.

"Disability or Disabled means that due to Sickness or as a direct result of accidental injury, You are:

- receiving Appropriate Care and Treatment, and are complying with the requirements of such treatment;
- unable to pass the Class I Federal Aviation Administration (FAA) health examination; and

In addition to the above, You are unable to earn:

- during the Elimination Period and the next **1-36** months of Sickness or accidental injury, more than **40-100%** of Your Predisability Earnings at Your Own Occupation from any employer in Your Local Economy; and
- after such period, more than **40-100%** of Your Predisability Earnings from any employer in Your Local Economy at any gainful occupation for which You are reasonably qualified, taking into account Your training, education and experience.

For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within **30-180** days of the accidental injury and resulted from such injury independent of other causes.

If Your occupation requires a license, the fact that You lose Your license for any reason will not, in itself, constitute Disability."

If a price index is used as a basis of determination of earnings in the Policyholder's plan, the following paragraph may be included with the definition of disability. In addition, in the alternative to a lesser of formula as indicated below, this definition may reflect a flat amount option or an indexing option based on the CPI only.

"If You are Disabled and have received a Monthly Benefit for **1-24** months, We will adjust Your Predisability Earnings only for the purposes of determining whether You continue to be Disabled and for calculating the Return to Work Incentive, if any. We will make the initial adjustment as follows:

We will add to Your Predisability Earnings an amount equal to the product of Your Predisability Earnings times the lesser of:

- **.5 – 10%**; or
- the annual rate of increase in the Consumer Price Index for the prior calendar year.

Annually thereafter, We will add an amount to Your Predisability Earnings calculated by the method set forth above, but substituting Your adjusted Predisability Earnings from the prior year for Your Predisability Earnings. **This adjustment is designed to keep the original Predisability Earnings up to date with inflation. This adjustment is not the same as a cost of living adjustment which would result in an increased benefit."**

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def pages (con't)	Disabled or Disability (con't)		<p>With respect to those definitions of "Disabled or Disability" above that include an earnings test as a requirement, such definition may be revised to remove the bulleted references to the inability to earn a percentage of Predisability Earnings to meet the requirements of the Policyholder's plan. In addition, the definition shown above that includes an Own Occupation and/or Any Occupation trigger may be modified to provide one or the other of these triggers.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def pages (con't)	Elimination Period	(1)	Item will appear as shown or may be changed to show different elimination periods for long term disability and short term disability when both coverages are included in the Policyholder's plan.

The following may be used for school groups, if the elimination period accumulates during the summer:

"Elimination Period means the period of Your Disability, including any Employer approved vacation days, holidays, or school closures, during which We do not pay benefits. The Elimination Period begins on the day You are unable to be at Active Work due to Sickness or accidental injury and continues for [the period shown in the Schedule of Benefits], [a period equal to the greater of: (X) days, as shown in the Schedule of Benefits, or, the completion of any Sick Pay or Salary Continuation Benefits period paid to You by the Employer]. [Any day for which You are receiving Sick Pay or Salary Continuation during the Elimination Period will [not] count toward fulfillment of the Elimination Period].

You must be receiving Appropriate Care and Treatment during the Elimination Period, including any Employer approved vacation days, holidays, or school closures."

Otherwise, item may be omitted.

Full-Time	(2)	Item will appear as shown or a different minimum work schedule may be substituted. Work schedule minimums may be set forth for each Eligible Class. The term Part-Time may be substituted or the term Part-Time may be separately defined. Otherwise, item may be omitted.
Hospital	(3)	If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.
Hospitalized	(4)	If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.
Job-Related Injury	(5)	Item will appear as shown or may vary to omit either one of the bulleted items. Otherwise, item may be omitted.
Local Economy	(6)	Item will appear as shown or may be replaced with the term "National Economy", in which case it will read as follows:

"National Economy means the economy in the continental United States."

Otherwise, item may be omitted.

Noncontributory Insurance	(7)	If the Policyholder's plan includes Noncontributory Insurance, item will appear as shown. Otherwise, item may be omitted.
Normal Retirement Age	(8)	If the term is used in the certificate, item will appear as shown. Otherwise, item may be omitted.
Organ Transplant Procedure	(9)	Item will appear as shown, or it may include a list of specific organs to reflect the requirements of the Policyholder's plan. Otherwise, item may be omitted. Item may be changed to read:

"Organ Transplant Procedure means the complete surgical removal of any one or more of Your organs in its entirety for the purpose of transplanting to another person. For the purpose of the Organ Transplant procedure, organ means kidney, pancreas, liver, intestine, heart and lung."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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def pages (con't)	Own Occupation	(1)	Item will appear as shown, or it may vary to reflect the requirements of the Policyholder's plan. For example, the following item may be used for professional specialties and may be adapted to suit different professional specialties pursuant to the Policyholder's requirements.
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“Own Occupation means the duties that You regularly perform and that provides Your primary source of earned income. For Physicians, Own Occupation means the specialty in the practice of medicine in which You were engaged just prior to the date Disability started. Such job is not limited to the specific position You have with the Policyholder or could have with any other employer.”

Otherwise, item may be omitted.

The term “Your Occupation” may be substituted for “Own Occupation” if required for the Policyholder. In addition, the term “Own Job” may be substituted for “Own Occupation” if required for the Policyholder’s plan. If used a definition of “Own Job” will be included and will read as follows:

“Own Job means the essential functions You regularly perform for the Policyholder that provide Your primary source of earned income.”

The term “Regular Job” may be substituted for “Own Job” if required for the Policyholder’s plan.

	Physician	(2)	If the term is used in the certificate, item will appear as shown. The term may be changed to “Doctor” wherever it appears in the certificate while the definition itself remains unchanged. Otherwise, item may be omitted.
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	Policyholder's Retirement Plan	(3)	Item will appear as shown, or may vary to reflect the requirements of the Policyholder's Plan. Otherwise, item may be omitted. The item may also be modified to include other retirement programs in addition to the Policyholder's program. If this is the case, the caption and first paragraph of the definition may be changed to read as follows:
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“Retirement Plan” means a plan which provides retirement benefits, including a plan which provides such benefits to the employees of the Policyholder.”

	Predisability Earnings	(4)	If the term is used in the certificate, item will appear as shown; or it may be changed to: <ul style="list-style-type: none"> • exclude commissions; • include bonuses; • reflect Partnership or S-corporation wording if the Policyholder’s business is organized on such a basis; • reflect earnings based on an annual employment contract, or where the employee does not have regular work hours and earnings are averaged over a period of time; or • reflect other factors that a Policyholder may use to determine earnings.
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Item may also refer to gross salary or wages that the insured was earning as reported to Us and for which premium has been paid. Otherwise, item may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
def pages (con't)			
Predisability Earnings (con't)			<p>The item may be modified to exclude certain types of Plans from the definition, such as: profit sharing plans; thrift or savings plans; non-qualified plans of deferred compensation; plans under IRC Section 401k or 457; individual retirement accounts (IRA); tax sheltered annuities (TSA) under IRC Section 403(b); stock ownership plans; or Keogh (HR-10) plans.</p> <p>If the Eligible Employees are Members of a school group, the item maybe modified to reflect the Policyholder's plan as follows:</p> <p>"Predisability Earnings means gross annual compensation set forth in the contract with Your Employer that You were earning from the Employer as of the last date of Active Work before Your Disability began. We calculate this amount on a weekly basis for Short Term Benefits and a monthly basis for Long Term Benefits. Your Predisability Earnings will be calculated by dividing the gross annual compensation [,including any Honorariums/other pay,] set forth in the contract with Your employer immediately prior to Your date of Disability, by [10.0]. The divisor will be determined by the number of months You are being paid by the Employer for the school contract year. If You remain Disabled on the first day of the next school contract year on which Your Employer requires Your attendance, We will divide Your gross annual compensation set forth in the contract with Your Employer by 12.</p> <p>For Short Term Benefits, Your Predisability Earnings will be calculated by dividing Your gross annual compensation set forth in the contract with Your employer by 12, then dividing that amount by 30, and multiplying the result by 7."</p> <p>Text applicable to Short or Long Term Benefits may be omitted if either coverage is not included in the Policyholder's plan. In addition Honorariums and/or Sabbatical Pay may be excluded as variable options.</p>
Proof	(1)		<p>Item will appear as shown, or the definition may be changed to reflect specific items of proof needed to establish satisfaction of a policy provision or requirement. The following sentence may also be omitted from the definition of Proof:</p> <p>" Proof must be provided at Your expense."</p>
	Rehabilitation Program	(2)	<p>Item will appear as shown or any of the bulleted items may be omitted. Otherwise, entire definition may be omitted.</p>
	Sickness	(3)	<p>Item will appear as shown. Otherwise, item may be omitted.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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Year or Yearly

(7)

Item will appear as shown or may vary to describe another 12 month period such as follows:

Year or Yearly, for Dental Insurance means the 12 month period from the policy anniversary to the following policy anniversary.

(8)

If the Eligible Employees are Members of a school group, the following definitions may be placed in the certificate in alphabetical order:

"Required Attendance means any day as defined in the current employment contract with Your Employer, beginning on the first day, and ending on the last day of the School Contract Year for which You are entitled to receive pay from the Employer. Required Attendance may also include any day defined in the current employment contract with Your Employer attributed to extra-curricular activity for which You are, were, or are entitled to be paid by the Employer, which may be in addition to regularly scheduled school days, such as weekends, holiday periods, school closures or vacation periods."

"School Contract Year" means any and all days for which You are contracted to work by Your Employer, beginning on the first day, and ending on the last day of such contract year. This period includes any Employer approved holidays, vacation days and school closures which occur between the first and last days of such contract year.

"Deferred Income means an amount equal to the difference between Your Predisability Earnings paid over a 12 month period and Your Predisability Earnings paid over a [10.0] month period, and withheld from Your salary paid by Your Employer for periods that You have been Actively at Work."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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coi-eport pages (con't)	At the Policyholder's Option For Disability Income Insurance	(6)(Continued)	
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For example, the Policyholder may permit continuation if if premiums are paid by the certificateholder; references to dependent insurance may be omitted; continuation may be provided for specific coverages; and the continuation triggers and time periods shown may vary; the continuation may be extended for a leave of absence beyond the time period shown at the discretion of the Policyholder with the agreement of MetLife. If such is the case, the following text will be added to the continuation provision:

"except that prior to the end of the period shown, the Policyholder and We may agree, in writing, to extend the continuation for an additional specified period of time."

In addition, the above text may be changed as follows:

one or more numbered items may be added to the 2nd paragraph as follows:

"For the period You cease Active Work in an eligible class due to part-time work, layoff or strike, up to 1- 60 months."

OR

"For the period You cease Active Work in an eligible class due to an Employer approved sabbatical for a period of up to 1- 60 months."

OR

"For the period You cease Active Work in an eligible class due to a sabbatical leave for training and educational purposes; provided You meet the following requirements:

- Your leave is approved by the Policyholder and is scheduled to last less than 1-36 months;
- Your written request for continuation of coverage under this plan is approved by Us; and
- Your premium continues to be paid."

OR

"For the period You cease Active Work in an eligible class due to a leave of absence for military service; provided You meet the following requirements:

- Your leave is approved by the Policyholder and is scheduled to last less than 1-36 months;
- Your written request for continuation of coverage under this plan is approved by Us; and
- Your premium continues to be paid."

The lead in sentence to the 3rd paragraph may be replaced with:

"At the end of the month following the end of any of the continuation periods listed above, Your insurance will be affected as follows:"

If Dental Insurance is provided under the Policyholder's plan the following subsection may be added to this section:

COBRA CONTINUATION FOR DENTAL INSURANCE

If Dental Insurance for You or a Dependent ends, You or Your Dependent may qualify for continuation of such insurance under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA). Please refer to the COBRA section of Your summary plan description or contact the Policyholder for information regarding continuation of insurance under COBRA.

If added, item will appear as shown or it may vary to reflect the Policyholder's policies and procedures regarding continuation of insurance under COBRA.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/std pages	DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS		This subsection will appear if the Policyholder's plan provides for Disability Income Insurance Short Term Benefits. The subsections entitled Additional Benefits, Income From Other Sources, Options to Increase Your Disability Benefit Amount(s), Pre-existing Conditions, Limited Disability Benefits and Exclusions may be included or omitted according to Policyholder specifications.
di/std 12/07	Benefit Payment	(1)	<p>Item will appear as shown or may be changed to read "1/5th".</p> <p>If the Eligible Employees are Members of a school group, the first paragraph may be changed to reflect the Policyholder's plan, where the employee is being paid under a 10 month payroll cycle:</p> <p>"If We approve Your claim, benefits will begin to accrue on the day after the day You complete the Elimination Period, provided that this day is a day of Required Attendance. If such day is not a day of Required Attendance, benefits will begin to accrue on the next day that is a day of Required Attendance following the date You complete the Elimination Period. Benefits may only accrue on a day of Required Attendance and will be pro-rated for any partial week of the School Contract Year to reflect the number of days of Required Attendance during that week [including weekends]. We will pay the first Weekly Benefit one week after the date that benefits begin to accrue. We will make subsequent payments weekly for the period stated in the Schedule of Benefits, so long as You remain Disabled[; and You remain Disabled on a day of Required Attendance].</p> <p>Payment will be based on the number of regularly scheduled days of Required Attendance, during the School Contract Year, on which You are Disabled during each week and will be pro-rated for any partial week of Disability."</p> <p>References to the inclusion of weekends may be deleted. In addition, the bracketed item may be removed. The following may be added to reflect 10 month salary payment periods.</p> <p>"During the first School Contract Year in which You are Disabled, We will pay benefits for the number of months that You would have been entitled to receive pay from the Employer if You were not Disabled. For the second and subsequent years of such Disability, benefit payments will be calculated on a 12 month basis."</p> <p>The following may also be added for Members of school groups:</p> <p>"In order to maintain Your claim for benefits under this certificate in active status on any day that is not a day of Required Attendance, You are required to receive Appropriate Care and Treatment. You are also required to provide any information required under the File A Disability Claim subsection."</p>
		(2)	<p>Item will appear as shown, or, at the option of the Policyholder, item may be revised as follows:</p> <p>"We will not pay Weekly Benefits during any period for which You are entitled to, or are receiving, Employer paid sick leave, vacation days, paid time off days (PTO), or salary continuance. The Minimum Benefit will not apply during such period."</p> <p>The above text "during any period" may be changed to "for the first x days of a period".</p> <p>Otherwise, item may be omitted.</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/std 12/07	DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS		
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Benefit Payment (Continued)	(3)	
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This item will appear as shown, or may be revised to reflect the following premium requirements:

While You are receiving Weekly Benefits, You will not be required to contribute Your share of the required premium payments for the cost of any insurance provided under this certificate. However, the Policyholder's share of such premium payments must continue to be paid during such period.

OR

While You are receiving Weekly Benefits, no premium payments for the cost of any insurance provided under this certificate will be required from You or the Policyholder.

OR

While You are Disabled, You will not be required to contribute Your share of the required premium payments for the cost of any insurance provided under this certificate. However, the Policyholder's share of such premium payments must continue to be paid during such period.

OR

While You are Disabled, no premium payments for the cost of any insurance provided under this certificate will be required from the Policyholder.

OR

While You are Disabled, no premium payments for the cost of any insurance provided under this certificate will be required from You or the Policyholder.

OR

While You are insured under this certificate, the Policyholder will be required to make premium payments for the cost of any insurance provided under this certificate whether or not You are Disabled.

OR

While You are insured under the certificate, both You and the Policyholder will be required to contribute Your respective shares of the premium payments required for the cost of any disability income insurance provided under this certificate whether or not You are Disabled

Recovery From A Disability	(4)
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Item will appear as shown, or may be changed to read as follows if STD return to work days will count toward satisfying the Elimination Period:

"If You Return To Active Work Before Completing Your Elimination Period"

If You return to Active Work before completing Your Elimination Period for a period of **1-30** days or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. We will count those days toward the completion of Your Elimination Period."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/std-2 12/07	Rehabilitation Incentives	(1)	This item will appear as shown, or any of the Incentives incentives may be omitted to meet the requirements of the Policyholder's plan. Rehabilitation Incentives may be omitted in its entirety if the Rehabilitation Incentives are not included in the Policyholder's plan. In addition, the following statement may appear directly before the Rehabilitation Incentives section. If this is the case, the definition of Rehabilitation Program may be moved from the DEFINITIONS provision and placed directly after this statement. Where Short and Long Term Benefits are provided under the certificate this provision may be omitted from either Long or Short Term benefits respectively as applicable.

"Rehabilitation Program Participation

If You do not participate in a Rehabilitation Program that We require, Your Disability benefit payments will end. In the event that a Rehabilitation Program is not available to You, Your Disability benefit payments will continue."

In addition, the Rehabilitation Program Incentive may be changed to read as follows:

"While You are Disabled, if You participate in a Rehabilitation Program, We will increase Your Weekly Benefit by an amount equal to 1-110% of the Weekly Benefit for up to 1-100 weeks. We will do so before We reduce Your Weekly Benefits by any Other Benefit Sources."

The text in the above paragraph may be changed to omit the Words "for up to 1-100 weeks if You work while You are Disabled".

At the option of the Policyholder, the following may be inserted into "REHABILITATION INCENTIVES":

"If You participate in a Rehabilitation Program approved by Us, and You:

- satisfy the requirements of such program; and**
- upon the completion of Your participation in such program You are not employed by the Policyholder or any other employer,**

We will pay a weekly benefit amount equal to \$100-\$1000 for each of 1-52 consecutive weeks beginning with the first full week following the date Your participation in the Rehabilitation Program ends."

With respect to the Work Incentive, the incentive may be modified in such a way that it will only be available with respect to an insured person who is working for the Policyholder.

The following incentive may be added at the Policyholder's option. If added, it will appear after Work Incentive and before Family Care Incentive.

"Worksite Modification Incentive

After You complete the Elimination Period, if You return to work while You are Disabled and are eligible to receive Weekly Benefits, We will assist You and the Policyholder in identifying modifications We agree are likely to help You remain at work or to return to work. This includes changes in Your job or accommodations to help You perform Your job or a similar job as required by the Policyholder under the Americans With Disabilities Act (ADA). Such accommodations include an on-site ergonomic evaluation of work conditions to assist You in returning to work. This agreement will be in writing and must be signed by You, the Policyholder and Us. When this occurs, We will reimburse the Policyholder for the cost of the modification up to \$100-\$5,000."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/std-2 (continued)	Rehabilitation Incentives (Continued)	(1)(Continued)	<p>The dollar amount that we will reimburse the policyholder may be changed to show this reimbursement amount in terms of a percentage of the employee's salary amount. For example, we may show this as "1-100% of Your Predisability Earnings".</p> <p>The limit on the Family Care Incentive payment to the Maximum Benefit Period may be changed to reflect other periods to which the payment can be limited.</p> <p>In addition, the term "stepchildren" may be added to the text in the first bulleted item.</p>
di/std-3 12/07	Rehabilitation Incentives	(1)	<p>If the Policyholder's plan includes an overall dollar limit on reimbursement payments, the first paragraph of Moving Expense Incentive may be changed to read as follows:</p> <p>"If You participate in a Rehabilitation Program while You are Disabled, We may reimburse You for the actual expenses You incur, up to a maximum amount of \$100-\$5,000, in order to move to a new residence recommended as part of such Rehabilitation Program. Such expenses must be approved by Us in advance."</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/std pre-1	DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS		This subsection will appear if the Policyholder's plan provides for Disability Income Insurance Short Term Benefits. The subsections entitled Additional Benefits, Income From Other Sources, Options to Increase Your Disability Benefit Amount(s), Pre-existing Conditions, Limited Disability Benefits and Exclusions may be included or omitted according to Policyholder specifications.
	Benefit Payments	(1)	If the Eligible Employees are Members of a school group, the first two paragraphs may be changed to reflect the Policyholder's plan. For example:

"If We approve Your claim, benefits will begin to accrue on the day after the day You complete the Elimination Period provided that this day is a day of Required Attendance. We will pay the Short Term Benefits as follows:

For Disability other than pregnancy, if such day is not a day of Required Attendance, benefits will begin to accrue on the next day that is a day of Required Attendance following the date You complete the Elimination Period. Benefits may only accrue on a day of Required Attendance and will be pro-rated for any partial week of the School Contract Year to reflect the number of days of Required Attendance during that week[, including weekends]. We will pay the first Short Term Benefit one week after the date that benefits begin to accrue. We will make subsequent payments weekly for the period stated in the Schedule of Benefits, so long as You remain Disabled [; and You remain Disabled on a day of Required Attendance.]

Payment will be based on the number of regularly scheduled days of Required Attendance, during the School Contract Year, on which You are Disabled during each week and will be made at a daily rate of 1/7th of the Short Term Benefit payable.

For Disability due to pregnancy, Short Term Benefits for pregnancy will be paid in a single sum, upon completion of the Elimination Period, as shown in the Schedule of Benefits. For Disability due to complications of pregnancy, Short Term Benefits will be paid the same as for any other Sickness."

References to the inclusion of weekends may be deleted. In addition, the bracketed item may be removed. The following may be added to reflect 10 month salary payment periods.

"During the first School Contract Year in which You are Disabled, We will pay benefits for the number of months that You would have been entitled to receive pay from the Employer if You were not Disabled. For the second and subsequent years of such Disability, benefit payments will be calculated on a 12 month basis."

The following may also be added for Members of school groups:

"In order to maintain Your claim for benefits under this certificate in active status on any day that is not a day of Required Attendance, You are required to receive Appropriate Care and Treatment. You are also required to provide any information required under the File A Disability Claim subsection."

(2) Item will appear as shown or may be omitted. In addition, at the option of the Policyholder, item may be revised as follows:

"We will not pay Short Term Benefits during any period for which You are entitled to, or are receiving, Employer paid sick leave, vacation days, paid time off days (PTO), or salary continuance. The Minimum Benefit will not apply during such period."

The above text "during any period" may be changed to "for the first x days of a period".

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/std pre-1 and di/std pre-2	DISABILITY INCOME INSURANCE: SHORT TERM BENEFITS		
	Benefit Payment (continued)	(3) (con't)	This item will appear as shown, or may be revised to reflect the following premium requirements:

While You are receiving Short Term Benefits, You will not be required to contribute Your share of the required premium payments for the cost of any insurance provided under this certificate. However, the Policyholder's share of such premium payments must continue to be paid during such period.

OR

While You are receiving Short Term Benefits, no premium payments for the cost of any insurance provided under this certificate will be required from You or the Policyholder.

OR

While You are Disabled, You will not be required to contribute Your share of the required premium payments for the cost of any insurance provided under this certificate. However, the Policyholder's share of such premium payments must continue to be paid during such period.

OR

While You are Disabled, no premium payments for the cost of any insurance provided under this certificate will be required from the Policyholder.

OR

While You are Disabled, no premium payments for the cost of any insurance provided under this certificate will be required from You or the Policyholder.

OR

While You are insured under this certificate, the Policyholder will be required to make premium payments for the cost of any insurance provided under this certificate whether or not You are Disabled.

OR

While You are insured under the certificate, both You and the Policyholder will be required to contribute Your respective shares of the premium payments required for the cost of any disability income insurance provided under this certificate whether or not You are Disabled.

Recovery From A Disability	(4)	Item will appear as shown, or may be changed to read as follows if STD return to work days will count toward satisfying the Elimination Period:
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"If You Return To Active Work Before Completing Your Elimination Period

If You return to Active Work before completing Your Elimination Period for a period of **1-30** days or less, and then become Disabled again due to the same or related Sickness or accidental injury, We will not require You to complete a new Elimination Period. We will count those days toward the completion of Your Elimination Period."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/std pre-2	Rehabilitation Incentives	(1)	This item will appear as shown, or any of the Incentives may be omitted to meet the requirements of the Policyholder's plan. Rehabilitation Incentives may be omitted in its entirety if the Rehabilitation Incentives are not included in the Policyholder's plan. In addition, the following statement may appear directly before the Rehabilitation Incentives section. If this is the case, the definition of Rehabilitation Program may be moved from the DEFINITIONS provision and placed directly after this statement. Where Short and Long Term Benefits are provided under the certificate this provision may be omitted from either Long or Short Term benefits respectively as applicable.

Rehabilitation Program Participation

If You do not participate in a Rehabilitation Program that We require, Your Disability benefit payments will end. In the event that a Rehabilitation Program is not available to You, Your Disability benefit payments will continue.

In addition, the Rehabilitation Program Incentive may be changed to read as follows:

"While You are Disabled, if You participate in a Rehabilitation Program, We will increase Your Short Term Benefit by an amount equal to **1-110%** of the Short Term Benefit for up to **1-100** weeks. We will do so before We reduce Your Short Term Benefits by any Other Benefit Sources."

The text in the above paragraph may be changed to omit the Words "for up to **1-100** weeks if You work while You are Disabled".

At the option of the Policyholder, the following may be inserted into "REHABILITATION INCENTIVES":

"If You participate in a Rehabilitation Program approved by Us, and You:

- satisfy the requirements of such program; and
- upon the completion of Your participation in such program You are not employed by the Policyholder or any other employer,

We will pay a weekly benefit amount equal to **\$100-\$1000** for each of **1-100** consecutive weeks beginning with the first full week following the date Your participation in the Rehabilitation Program ends."

The following incentive may be added at the Policyholder's option. If added, it will appear after Work Incentive and before Family Care Incentive.

"Worksite Modification Incentive

After You complete the Elimination Period, if You return to work while You are Disabled and are eligible to receive Short Term Benefits, We will assist You and the Policyholder in identifying modifications We agree are likely to help You remain at work or to return to work. This includes changes in Your job or accommodations to help You perform Your job or a similar job as required by the Policyholder under the Americans With Disabilities Act (ADA). Such accommodations include an on-site ergonomic evaluation of work conditions to assist You in returning to work. This agreement will be in writing and must be signed by You, the Policyholder and Us. When this occurs, We will reimburse the Policyholder for the cost of the modification up to **\$100-\$5,000.**"

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/std pre-2
(continued)

Rehabilitation
Incentives

(1)(continued)

The dollar amount that we will reimburse the policyholder may be changed to show this reimbursement amount in terms of a percentage of the employee's salary amount. For example, we may show this as "~~1-~~**100%** of Your Predisability Earnings".

The limit on the Family Care Incentive payment to the Maximum Benefit Period may be changed to reflect other periods to which the payment can be limited.

In addition, the term "stepchildren" may be added to the text in the first bulleted item.

If the Policyholder's plan includes an overall dollar limit on reimbursement payments, the first paragraph of Moving Expense Incentive may be changed to read as follows:

"If You participate in a Rehabilitation Program while You are Disabled, We may reimburse You for the actual expenses You incur, up to a maximum amount of ~~\$100-~~**\$5,000**, in order to move to a new residence recommended as part of such Rehabilitation Program. Such expenses must be approved by Us in advance."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd-1 12/07	DISABILITY INCOME INSURANCE: LONG TERM BENEFITS		This section will appear if the Policyholder elects Disability Income Insurance – Long Term Benefits. The subsections entitled Additional Benefits, Income From Other Sources, Options Increase Your Disability Benefit Amount(s), Pre-existing Conditions, Limited Disability Benefits, and Exclusions may be included or omitted according to Policyholder specifications.
	Benefit Payment	(1)	Payments may be established on a basis other than a rolling month to reflect the requirements of the Policyholder's plan requirements. For example, the following may be used:

"If We approve Your claim, benefits will begin to accrue on the day after the day You complete Your Elimination Period. We will pay the first Monthly Benefit on the date which occurs on the first day of the month after the date benefits begin to accrue. We will make subsequent payments monthly thereafter so long as You remain Disabled. Payment will be based on the number of days You are Disabled during each month."

If the Eligible Employees are Members of a school group, the first paragraph may be changed to reflect the Policyholder's plan, where the employee is being paid under a 10 month payroll cycle:

"If We approve Your claim, benefits will begin to accrue on the day after the day You complete the Elimination Period, provided that this day is a day of Required Attendance. If such day is not a day of Required Attendance, benefits will begin to accrue on the next day that is a day of Required Attendance following the date You complete the Elimination Period. Benefits may only accrue on a day of Required Attendance and will be pro-rated for any partial week of the School Contract Year to reflect the number of days of Required Attendance during that week [including weekends]. We will pay the first Weekly Benefit one week after the date that benefits begin to accrue. We will make subsequent payments weekly for the period stated in the Schedule of Benefits, so long as You remain Disabled[]; and You remain Disabled on a day of Required Attendance].

Payment will be based on the number of regularly scheduled days of Required Attendance, during the School Contract Year, on which You are Disabled during each week and will be pro-rated for any partial week of Disability."

References to the inclusion of weekends may be deleted. In addition, the bracketed item may be removed. The following may be added to reflect 10 month salary payment periods.

"During the first School Contract Year in which You are Disabled, We will pay benefits for the number of months that You would have been entitled to receive pay from the Employer if You were not Disabled. For the second and subsequent years of such Disability, benefit payments will be calculated on a 12 month basis."

The following may also be added for Members of school groups:

"In order to maintain Your claim for benefits under this certificate in active status on any day that is not a day of Required Attendance, You are required to receive Appropriate Care and Treatment. You are also required to provide any information required under the File A Disability Claim subsection."

(2) Item will appear as shown or may be omitted. In addition, at the option of the Policyholder, item may be revised as follows:

"We will not pay Weekly Benefits during any period for which You are entitled to, or are receiving, Employer paid sick leave or salary continuance. The Minimum Benefit will not apply during such period."

The above text "during any period" may be changed to "for the first x days of a period".

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd-1 12/07 (con't)	DISABILITY INCOME INSURANCE: LONG TERM BENEFITS		
	Benefit Payment (continued)	(1)(continued)	The second paragraph will appear as shown or may be omitted. At the option of the Policyholder for Members of school groups, item may be revised as follows: "We will not pay Long Term Benefits during any period for which You are entitled to, or are receiving, Employer paid sick leave or salary continuance. The Minimum Benefit will not apply during such period." The above text "during any period" may be changed to "for the first x days of a period".
		(2)	This item will appear as shown and may also be changed to read as follows or be changed to reflect any other premium payment feature in the Policyholder's plan: "While You are receiving Monthly Benefits, no premium payments for the cost of any insurance provided under this certificate will be required from You or the Policyholder." OR "While You are Disabled, You will not be required to contribute Your share of the required premium payments for the cost of any insurance provided under this certificate. However, the Policyholder's share of such premium payments must continue to be paid during such period." OR "While You are Disabled, no premium payments for the cost of any insurance provided under this certificate will be required from the Policyholder." OR "While You are Disabled, no premium payments for the cost of any insurance provided under this certificate will be required from You or the Policyholder." OR "While You are insured under this certificate, both You and the Policyholder will be required to contribute You respective shares of the premium payments required for the cost of any insurance provided under this certificate whether or not You are Disabled." OR "While You are insured under this certificate, the Policyholder will be required to make premium payments for the cost of any insurance provided under this certificate whether or not You are Disabled." If LTD and STD coverage are both included in the certificate, a statement may be added to indicate the waiver option which applies to STD.
	Recovery from a Disability	(3)	Any reference to a period of days may also be expressed in terms of weeks or months.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd-1 12/07 (con't)	DISABILITY INCOME INSURANCE: LONG TERM BENEFITS		
	Recovery from A Disability (continued)	(3)(con't)	At the Policyholder's option, for Members of school groups, the first lead in sentence may be changed to read as follows:

"For the purpose of this subsection, the term Active Work only includes days that are days of Required Attendance."

At the Policyholder's option, recovery time period does not have to count toward the Elimination Period. If this option is selected, the text with respect to "If You Return To Active Work Before Completing Your Elimination Period" will be changed to read as follows:

If You Return To Active Work Before Completing Your Elimination Period

If You return to Active Work before completing Your Elimination Period for a period of 1-180 days or less and then become Disabled again due to the same or related Sickness or accidental injury, We will not count those days that You return to Active Work toward the Elimination Period.

For purposes of this provision, the term Active Work only includes those days You actually work."

di/ltd-2 and di/ltd-3 12/07	Recovery from a Disability (continued)	(1)	Any reference to a period of days may be expressed in terms of weeks or months, calendar months or work days.
	Rehabilitation Incentives	(2)	This item will appear as shown, or any of the incentives may be omitted to meet the requirements of the Policyholder's plan, or may be changed to read as follows:

"While You are Disabled, if You participate in a Rehabilitation Program, We will increase Your Monthly Benefit by an amount equal to 1% - 110% of the Monthly Benefit for up to 1-60. We will do so before We reduce Your Monthly Benefits by any Other Benefit Sources."

The text "for up to 1-60 months" may be omitted. In addition, the following statement may appear directly after the caption "Rehabilitation Incentives". Where Short and Long Term Benefits are provided under the certificate this provision may be omitted from either Long or Short Term benefits respectively as applicable.

"Rehabilitation Program Participation

If You do not participate in a Rehabilitation Program that We require, Your Disability benefit payments will end. In the event that a Rehabilitation Program is not available to You, Your Disability benefit payments will continue."

At the option of a Policyholder, the following item may be inserted into the certificate:

"Rehabilitation Program Return To Active Work Incentive

If You participate in a Rehabilitation Program approved by Us, and You:

- satisfy the requirements of such program; and
- Return to Active Work for a period of at least 1-12 consecutive months, "

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd-2 and di/ltd-3 12/07(con't)	Rehabilitation Incentives	(2)(continued)	
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"We will pay an amount equal to the lesser of:

- **1-6** times the amount of the last Monthly Benefit paid to You prior to Your return to Active Work; and
- **\$1,000 - \$20,000.**

We will pay this benefit to You in a single sum after Your return to Active Work for a period of **1-12** consecutive months."

At the option of the Policyholder, the following may be inserted into "REHABILITATION INCENTIVES":

"If You participate in a Rehabilitation Program approved by Us, and You:

- satisfy the requirements of such program; and
- upon the completion of Your participation in such program You are not employed by the Policyholder or any other employer,

We will pay a monthly benefit amount equal to **\$100-\$5000** for **3-6** consecutive months beginning with the first full month following the date Your participation in the Rehabilitation Program ends."

With respect to the Work Incentive, the incentive may be modified in such a way that it will only be available with respect to an insured person who is working for the Policyholder.

The following incentive may be added at the Policyholder's option. If added, it will appear after Work Incentive and before Family Care Incentive.

"Worksite Modification Incentive

After You complete the Elimination Period, if You return to work while You are Disabled and are eligible to receive Monthly Benefits, We will assist You and the Policyholder in identifying modifications We agree are likely to help You remain at work or to return to work. This includes changes in Your job or accommodations to help You perform Your job or a similar job as required by the Policyholder under the Americans With Disabilities Act (ADA). Such accommodations include an on-site ergonomic evaluation of work conditions to assist You in returning to work. This agreement will be in writing and must be signed by You, the Policyholder and Us. When this occurs, We will reimburse the Policyholder for the cost of the modification up to **\$100-\$5,000.**"

The dollar amount that we will reimburse the policyholder may be changed to show this reimbursement amount in terms of a percentage of the employee's salary amount. For example, we may show this as "**1-100%** of Your Predisability Earnings".

If there is to be no limit on Work Incentives, the entire section will be removed. If reductions for employment earnings are to take effect immediately, the phrase "After the first **1-60** months following Your Elimination Period, will be removed.

In the "Limit On Work Incentive" provision, if the work incentive is provided on a return to work basis, the phrase "following Your Elimination Period" will be replaced by the phrase "following Your return to work."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd-2 and di/ltd-3 12/07(con't)	Rehabilitation Incentives	(2)(continued)	
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If reductions of work earnings are to be determined on a proportionate basis, the "Limit on Work Incentive" will appear as follows:

"Limit on Work Incentive"

After the first **12-24** months following Your Elimination Period, Your Monthly Benefit, as described in Work Incentive above, will be paid as follows:

1. subtract Your earnings from working while Disabled from the amount of Your adjusted Predisability Earnings as calculated in the definition of Disability;
2. divide the result obtained in 1 above by the amount of such adjusted Predisability Earnings; and
3. multiply Your Monthly Benefit, as described in Work Incentive above, by the result obtained in 2 above."

The phrase "following Your Elimination Period" may be replaced by "of Disability" for any of the incentives.

The limit on the Family Care Incentive payment to the Maximum Benefit Period may be changed to reflect other periods to which the payment can be limited. In addition, if the Policyholder's plan includes an overall dollar amount cap on reimbursement payments for all family members, the introductory clause of the Family Care Incentive will be changed to read as follows:

"If You work or participate in a Rehabilitation Program while You are Disabled, We will reimburse You up to:

\$1-\$500 for each family member; and
\$100-\$2000 for all family members,

for monthly expenses You incur to provide:..."

In addition, the term "stepchildren" may be added to the text in the first bulleted item.

If the Policyholder's plan includes an overall dollar limit on reimbursement payments, the first paragraph of Moving Expense Incentive may be changed to read as follows:

"If You participate in a Rehabilitation Program while You are Disabled, We may reimburse You for the actual expenses You incur, up to a maximum amount of **\$100-\$5,000**, in order to move to a new residence recommended as part of such Rehabilitation Program. Such expenses must be approved by Us in advance."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd-2 and di/ltd-3 12/07 (con't)	Rehabilitation Incentives	(2)(continued)	
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If the Policyholder's plan includes a cap on Family Care benefits to a dollar amount per month, the last paragraph in Family Care Incentive will be replaced with the following:

"We will make reimbursement payments to You on a Monthly Basis starting with the 1st-36th Monthly Benefit payment until You have received 12-36 Monthly Benefit payments, provided, however, payments will not:

- be made beyond the Maximum Benefit Period; and
- exceed \$1,000 in any month for all covered monthly expenses incurred in such month either by You or a family member.

We will not reimburse You for any expenses for which You are eligible for payment from any other source. You must send Proof that You have incurred such expenses."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/red-1 12/07	DISABILITY INCOME INSURANCE: OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT		Section will appear as shown; or will be omitted if the Policyholder's plan does not include any reductions for Other Benefit Sources . Also, any of the Other Benefit Sources listed in the subsection may be moved to the subsection "OTHER BENEFIT SOURCES WHICH WILL NOT REDUCE YOUR DISABILITY BENEFIT" to meet the requirements of the Policyholder's plan.
		(1)	Text will appear as shown if benefits are subject to immediate reduction by Other Benefit Sources . However, if reducing by one or more such sources is delayed, the sentence below may be included with any of the Other Benefit Sources listed or in the first paragraph. If used in the first paragraph, remove the words "For this Other Benefit Source" . "For this Other Benefit Source, We will start to reduce Your Disability benefit after You have received 1-24 Monthly Benefit payments."
		(2)	Any numbered or bulleted item that is shown as Other Benefit Source may be omitted or revised to reflect the requirements of the Policyholder's plan. The Other Benefit Source for Railroad Retirement Benefits may appear as shown, or may appear as a separate offset item. In addition, the Railroad Retirement offset may be split into separate offset items for Railroad Retirement disability benefits and Railroad Retirement retirement benefits. Item 1 may be revised with respect to the third bulleted item to delete the reference to either the teachers (STRS) or public employees (PERS) retirement plans or both. Item 2 may be revised to reflect the name of the Policyholder's retirement plan. It may also be revised to read as follows: "any income received for disability or retirement under a Retirement Program. If such Retirement Program is the Policyholder's program, any income will only be considered to the extent that it can be attributed to the Policyholder's contributions." In addition, the following will apply: If there is no Rehabilitation Incentive, we will include work earnings as an offset. Item 3 may be revised to remove the words "vacation pay"; "sick pay", "any sick pay", "paid time off (PTO)" and "sabbatical pay" from the offset for sick pay, vacation pay, sabbatical pay or other salary continuation that the Policyholder pays for the insured person if the Policyholder's plan does not include such pay as an offset. When sick pay includes accumulated sick leave pay received in a single sum, the following text may be added: "; including any accumulated sick pay received in a single sum" The percentage shown for other salary continuation may be omitted. The following clause may be included if benefits payable during salary continuation are capped when combined with salary continuation payments at 100%:

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/red-1 12/07 (con't)	DISABILITY INCOME INSURANCE: OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR DISABILITY BENEFIT	(2)(continued)	

"provided that in no event will the sum of the benefit payable under this certificate and the sick pay, vacation pay or the salary continuation paid to You by the Policyholder exceed 1-100% of the first \$xx-\$xx of Your Predisability Earnings. In addition, the minimum Monthly Benefit will not apply."

The offset for "sick pay" may also be separated and entered as a separate phrase to read:

"sick pay, except if included as a payment to You upon Your retirement or termination of employment;"

In addition the offset for salary continuation may be changed to read:

"salary continuation to the extent that the sum of the benefit payable under this certificate and the continuation of salary exceeds 1-100% of the first \$xx-\$xx of Your Predisability Earnings;"

The offset for sabbatical pay may be revised to add the name of the Policyholder's specific sabbatical plan. In addition, at the option of the Employer, for Members of school groups, the offset may be revised to read:

"sabbatical payments from the Employer;"

An additional numbered phrase may be added as follows if work earnings are to be offset under the Policyholder's plan. The word "commissions" will be removed from this item if commissions are not to be offset. If added, the additional phrase will read:

"any income that You receive for working while Disabled including but not limited to salary, commissions, overtime pay, bonus pay or other extra pay arrangements from any source."

An additional numbered phrase may be added at the option of the Policyholder:

"veteran's or military pension and/or disability benefits that You begin receiving after You become Disabled"

In addition, this phrase may be modified to remove references to military pension or disability benefits.

If the Policyholder's plan includes an offset for commissions, the following may be added:

"commissions received as a result of employment with the Policyholder or another employer."

An additional offset may be added under numbered phrase 3 at the option of the Policyholder to show amounts received when the Policyholder has an extended leave plan:

"any plan of extended leave of absence approved for You by the Policyholder."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/red-2 12/07	Reducing Your Disability Benefit By The Estimated Amount Of Your Federal Social Security Benefits (3)		<p>Item will appear as shown or may be omitted. In addition, the following statement "We will start to do this after You have received 1-48 months (or weeks) of Disability benefit payments" may be removed at the option of the Policyholder and replaced with:</p> <p>"We will start to do this with the first Disability benefit payment We make to You coincident with the date You were eligible to receive Federal Social Security benefits"</p> <p>The requirement that the insured must apply for Federal Social Security benefits within 1-6 months (or weeks) from the start of Disability may be changed to require that the insured apply before the end of the Elimination Period.</p> <p>The next to last paragraph may be removed. The words "In any event" in the last paragraph may be removed.</p> <p>If the Policyholder's plan provides for reduction of the disability benefits otherwise payable for failure to apply for and/or comply with the requirements for application for Federal Social Security benefits on a timely basis, the following text may be added after the next to the last paragraph of this provision as follows:</p> <p>"Further, if You do not satisfy on a timely basis all of the requirements specified under the Federal Social Security laws necessary to apply for Federal Social Security benefits, including any procedural requirements, We will reduce Your Disability benefits by an amount equal to 25-75% of the Monthly Benefit shown in the Schedule of Benefits starting with the first Monthly Benefit payment coinciding with or next following the date You were eligible to receive such Federal Social Security benefits. Such reductions in Your Monthly Benefit payment amounts will continue, subject to all of the terms and conditions of this certificate, until You have satisfied all of the requirements necessary for applying for Federal Social Security benefits on a timely basis."</p> <p>If the Policyholder's plan provides for termination of disability benefits otherwise payable due to a failure to apply for and/or comply with the requirements for application for Federal Social Security benefits on a timely basis, the following text may be added after the next to the last paragraph of this provision as follows:</p> <p>"Further, if You do not satisfy on a timely basis all of the requirements specified under the Social Security laws necessary to apply for Federal Social Security benefits, including any procedural requirements, We may terminate Your Disability benefits starting with the first Monthly Benefit that would have been payable coinciding with or next following the date We determine that You have not satisfied all of the requirements necessary to apply for Federal Social Security benefits on a timely basis."</p> <p>With respect to STD plans that have maximum benefit periods of 26 weeks or less, the text of the above subsection will be revised to delete references to Federal Social Security Benefits as follows:</p>

"REDUCING YOUR DISABILITY BENEFIT BY THE ESTIMATED AMOUNT OF A GOVERNMENT COMPULSORY PLAN OR PROGRAM

If there is a reasonable basis for You to apply for benefits under a government compulsory plan or program (hereinafter referred to as Government Program Benefits), We expect You to apply for them. With respect to benefits under a government compulsory plan or program, to apply means to pursue such benefits through all levels of appeal provided for under such benefit programs. "

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/red-2 12/07 (con't)	Reducing Your Disability Benefit By The Estimated Amount Of Your Social Security Benefits	(3)(continued)	
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"We will reduce the amount of Your Disability benefit by the amount of such Government Program Benefits We estimate that You are eligible to receive provided that We have the reasonable means to make such an estimate.

We will start to do this after You have received **2-6** weeks of Disability benefit payments, unless We have received:

- approval of Your claim for such Government Program Benefits; or
- a notice of denial of such Government Program Benefits indicating that all levels of appeal have been exhausted.

However, within **1-6** months following the date You became Disabled, You must:

- send Us Proof that You have applied for such Government Program Benefits;
- sign a reimbursement agreement in which You agree to repay Us for any overpayments We may make to You under this insurance; and
- sign a release annually that authorizes the appropriate government agencies that pays such Government Program Benefits to provide information directly to Us concerning Your Government Program Benefits eligibility.

If You do not satisfy the above requirements, We will reduce Your Disability benefits by estimated benefits from such Government Program Benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive such Government Program Benefits under any such programs."

OR

"REDUCING YOUR DISABILITY BENEFIT BY THE ESTIMATED AMOUNT OF A GOVERNMENT COMPULSORY PLAN OR PROGRAM

If there is a reasonable basis for You to apply for benefits under a government compulsory plan or program (hereinafter referred to as Government Program Benefits), We expect You to apply for them. With respect to benefits under a government compulsory plan or program, to apply means to pursue such benefits through all levels of appeal provided for under such benefit programs.

We will reduce the amount of Your Disability benefit by the amount of such Government Program Benefits We estimate that You are eligible to receive provided that We have the reasonable means to make such an estimate.

We will start to do this coincident with the date You were eligible to receive such Government Program Benefits under any such programs."

With respect to the above text to be included when reducing Disability benefits by the estimated amount of all government program benefits, the variable explanation items above regarding when estimated benefit reductions would begin apply to this text as well.

di/red-3 12/07	Reimbursement Agreement	(4)	Item will appear as shown, or may be omitted. Item may also be changed to reflect a Policyholder's plan. In addition, the bulleted benefit sources may be modified or one or more of them may be omitted, as applicable.
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di/red-4 12/07	Single Sum Payment	(5)	Item will appear as shown, or if the Policyholder's plan does not include any reduction of income from other sources, item will be omitted.
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EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/red-4	Single Sum Payment		
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12/07

(con't)

(5)(continued)

Also, the following sentence may be added after the third paragraph under "SINGLE SUM PAYMENT"

"With respect to any income received in a single sum for workers' compensation or a similar law which provides periodic benefits, if We are unable to determine the amount of the single sum payment that is attributed to loss of income, We may reduce Your Disability Benefit by an amount equal to the entire single sum payment. The amount of such adjustment will not result in a benefit amount less than the minimum amount, except in the case of Overpayment."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/no red 12/07	DISABILITY INCOME INSURANCE: OTHER BENEFIT SOURCES WHICH WILL NOT REDUCE YOUR DISABILITY BENEFIT		Section will appear as shown; or will be omitted if the Policyholder's plan does not include sources which will not reduce the disability benefit.
		(1)	<p>The following changes may be made in the list of bulleted items:</p> <ul style="list-style-type: none">• The following item may be included as an additional bulleted item for Members of school groups: <p>"Any Deferred Income due to You under the Employer's established payroll schedule. If You have elected a 12 month payroll schedule for the School Contract Year, We will not reduce Your Disability benefit by the amount of any Deferred Income that Your Employer would credit You with were You Actively at Work."</p> <ul style="list-style-type: none">• The following items may be moved from this list of sources which will not reduce the Disability benefit to the list of income which will reduce the Disability benefit:<ul style="list-style-type: none">• cost of living adjustments that are paid under any of the sources of Other Benefit Sources;• reasonable attorney fees included in any award or settlement. If the attorney fees are incurred because of Your successful pursuit of Social Security disability benefits, such fees are limited to those approved by the Social Security Administration;• group credit insurance;• mortgage disability insurance benefits;• early retirement benefits that have not been taken by You;<p>If we do not offset by veteran's or military benefits, the text "that You were receiving prior to becoming Disabled" may be removed.</p><ul style="list-style-type: none">• benefits received from an accelerated death benefit payment; or• amounts rolled over to a tax qualified plan unless subsequently received by You while You are receiving benefit payments.<ul style="list-style-type: none">• retirement benefits funded by Your Employer that You were receiving prior to becoming Disabled.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ ben end 12/07	DISABILITY INCOME INSURANCE: DATE BENEFIT PAYMENTS END	(1)	This item will appear as shown, otherwise item will be omitted, if the Policyholder's plan does not include any limitations.
		(2)	<p>This item will appear as shown, otherwise the following will apply:</p> <ul style="list-style-type: none"> entire item will be omitted if the Policyholder's plan does not include the referenced additional long term benefits; any of the referenced additional long term benefits will be omitted if the Policyholder's plan does not include the specific benefit; any of the referenced long term benefits may be modified to delete the reference to "Terminal Illness" if the Policyholder's plan does not include any benefits for Terminal Illness.
		(3)	This item will appear as shown, otherwise item will be omitted if mandatory rehabilitation is not included in the Policyholder's plan.
		(4)	This item will appear as shown otherwise it will be omitted.

The following item may be included only when the Federal Social Security definition of Disability is included in the Policyholder's plan:

"The date following a period of **1-60** months of Disability benefit payments during which You were not approved for Disability benefits under the Federal Social Security Act for the same Sickness or accidental injury."

OR

"the date You cease receiving Federal Social Security benefits for the same Sickness or accidental injury under this certificate, if You are receiving Disability benefits under the Federal Social Security Act."

The following item may be included when benefits end upon voluntary retirement. This text may also be modified to remove the requirement of receiving a specified amount of Monthly Benefit payment:

"the date You voluntarily retire under the Policyholder's Retirement Plan provided that You have received at least **1-24** Monthly Benefit payments for this Sickness or accidental injury;

The following item may be included if the Policyholder's plan provides for termination of benefits for the insured's failure to comply with the requirements of appropriate care and treatment:

"the date We determine that You have not complied with the requirements of a course of medical care and treatment determined by a Physician for Your Disability that is consistent with the standards set forth in the definition of Appropriate Care and Treatment in the Definitions section."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/std/sur inc	DISABILITY INCOME INSURANCE: ADDITIONAL SHORT TERM BENEFIT: WEEKLY PAYMENT IN THE EVENT OF YOUR DEATH		
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	Benefit Amount	(1)	
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At the option of the Policyholder, the benefit amount may be expressed as a single amount of **\$100-\$10,000**. All references to "Weekly Benefit" may be revised to replace the term with "Gross Weekly Benefit". If "Gross Weekly Benefit" is used the following will be added after the bulleted items:

"Gross Weekly Benefit means the Weekly Benefit determined prior to any reductions for Other Benefit Sources as set forth in OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR WEEKLY BENEFIT."

At the option of the Policyholder, for Members of school groups, the first bulleted item may be revised to read as follows:

"the last Weekly Benefit You receive, or would be entitled to receive preceding Your death; "

At the option of the Policyholder, for Members of school groups, the second bulleted item may be revised to read as follows:

"the Weekly Benefit You received, or were entitled to receive, for the week You die, if You die during the first week that Weekly Benefits are payable."

	Benefit Payment	(2)	
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At the option of the Policyholder, the following provision may be added to the Benefit Payment provision:

You may elect to receive the Weekly Payment In the Event Of Your Death Benefit if You are Terminally Ill. If You elect to receive such benefit upon Your Terminal Illness, any benefits otherwise payable to You under the Weekly Payment In the Event Of Your Death Benefit upon Your death will be reduced by the benefit payments made to You under this subsection due to Your Terminal Illness.

You or Your legal representative must send Us a signed Physician's certification that You are Terminally Ill. We may also request an exam by a Physician of Our choice, at Our expense.

We will pay this additional benefit weekly for the same period shown above for payments to be made upon Your death. However, payments will begin one week after the week We receive Proof of Your Terminal Illness.

Terminally Ill or **Terminal Illness** means, for purposes of this subsection, that You are expected to die within **6-12 months**."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/std/
ss death

DISABILITY
INCOME INSURANCE:
ADDITIONAL
SHORT TERM
BENEFIT: SINGLE SUM
PAYMENT IN THE
EVENT OF YOUR
DEATH

Benefit Amount (1)

At the option of the Policyholder, the benefit amount may be expressed as a single amount of **\$100-\$10,000**. All references to "Weekly Benefit" may be revised to replace the term with "Gross Weekly Benefit". If "Gross Weekly Benefit" is used the following will be added after the bulleted items:

"Gross Weekly Benefit means the Weekly Benefit determined prior to any reductions for Other Benefit Sources as set forth in OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR WEEKLY BENEFIT."

At the option of the Policyholder, for Members of school groups, the first bulleted item may be revised to read as follows:

"the last Weekly Benefit You receive, or would be entitled to receive, for the week preceding Your death; "

At the option of the Policyholder, for Members of school groups, the second bulleted item may be revised to read as follows:

"the Weekly Benefit You received, or were entitled to receive, for the week You die, if You die during the first week that Weekly Benefits are payable."

(2)

At the option of the Policyholder, the following may be added to the Benefit Payment provision:

You may elect to receive the Single Sum Payment In The Event Of Your Death Benefit if You are Terminally Ill. If You elect to receive such benefit upon Your Terminal Illness, no benefit otherwise payable to You under the Single Sum Payment In the Event Of Your Death Benefit upon Your death will be reduced by the benefit payments made to You under this subsection due to Your Terminal Illness.

You or Your legal representative must send Us a signed Physician's certification that You are Terminally Ill. We may also request an exam by a Physician of Our choice, at Our expense.

We will make this single sum payment in the same amount shown above for payments to be made upon your death. However, payment will be made one week after the week We receive Proof of Your Terminal Illness.

Terminally Ill or Terminal Illness means, for purposes of this subsection, that You are expected to die within **6-12** months.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/cola 12/07	DISABILITY	(1)	Item will appear as shown or it may be revised to include a different day of the month in order to meet the requirements of the Policyholder's Plan.
	INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: COST OF LIVING ADJUSTMENT	(2)	Item will appear as shown or it may be omitted if there is no limit on the number of adjustments.
	Benefit Amount	(3)	Item will appear as shown or it may vary if the method of calculating the adjustment is based on the Consumer Price Index to read as follows:

"To calculate Your cost of living adjustment, We will multiply the amount of Your Monthly Benefit by the lesser of:

- $\frac{1}{2}$ of the annual percentage change in the Consumer Price Index for the prior calendar year; or
- **.5- 10%.**

In no event will a cost of living adjustment amount be less than zero.

We will add this amount to each subsequent Monthly Benefit payment."

The first bulleted item above which indicates " $\frac{1}{2}$ of the annual percentage change in the Consumer Price Index" may also be changed to "the full Consumer Price Index"

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ child ed 12/07	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: CHILD EDUCATION		
	Benefit Payment	(1)	The term "stepchild(ren) may be added to the text at the request of the Policyholder.

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EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/sur inc 12/07	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH		
	Benefit Amount	(1)	Item will appear as shown or will be replaced with the following: "have received 1-12 consecutive Monthly Benefit payments"
		(2)	All references to "Monthly Benefit may be revised to replace the term with" Gross Monthly Benefit". If "Gross Monthly Benefit" is used the following will be added after the bulleted items: "Gross Monthly Benefit means the Monthly Benefit determined prior to any reductions for Other Benefit Sources as set forth in OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR MONTHLY BENEFIT." At the option of the Policyholder, for Members of school groups, the first bulleted item may be revised to read as follows: "the last Monthly Benefit You receive, or would be entitled to receive preceding Your death; " The second bulleted item will appear as shown or it will be omitted if the Policyholder's plan does not include an increase in the benefit due to a Terminal Illness. In addition, at the option of the Policyholder, for Members of school groups, this item may be revised to read as follows: "the last Monthly Benefit You receive, or would be entitled to receive, for the calendar month immediately preceding Your Terminal Illness if Your Monthly Benefit amount was increased due to Your Terminal Illness; or " At the option of the Policyholder, for Members of school groups, the third bulleted item may be revised to read as follows: "the Monthly Benefit You received, or were entitled to receive, for the month You die, if You die during the first month that Monthly Benefits are payable." The additional monthly benefit can also be paid as a lump sum.
	Benefit Payment	(3)	The second sentence in the first paragraph may be revised, at the option of the Policyholder, for Members of school groups, to read as follows: "Payments will begin one month after the date of the last Monthly Benefit payment before Your death, whether or not such payment date occurs during the school contract year." Item will appear as shown or it may be omitted if the Policyholder's plan does not include the Terminal Illness Benefit.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd/sur inc 12/07 (Continued)	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH		
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Benefit Amount	(3)(Continued)
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In addition, at the option of the Policyholder, the following may be added to the Benefit Payment provision if the Policyholder's plan does not include "BENEFITS IN THE EVENT OF YOUR TERMINAL ILLNESS."

" You may elect to receive the Monthly Payment In the Event Of Your Death Benefit if You are Terminally Ill. If You elect to receive such benefit upon Your Terminal Illness, any benefits otherwise payable to You under the Monthly Payment In the Event Of Your Death Benefit upon Your death will be reduced by the benefit payments made to You under this subsection due to Your Terminal Illness.

You or Your legal representative must send Us a signed Physician's certification that You are Terminally Ill. We may also request an exam by a Physician of Our choice, at Our expense.

We will pay this additional benefit monthly for **6-12** months. Payments will begin one month after the month We receive Proof of Your Terminal Illness.

Terminally Ill or **Terminal Illness** means, for purposes of this subsection, that You are expected to die within **6-12** months."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ ss death 12/07	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH		
	Benefit Amount	(1)	Item will appear as shown or will be replaced with the following: "have received 1-12 consecutive Monthly Benefit payments"
		(2)	At the Option of the Policyholder, the benefit amount may be expressed as a single amount of \$1,000-\$50,000 and if elected the bulleted items will be omitted. All references to "Monthly Benefit may be revised to replace the term with"Gross Monthly Benefit". If "Gross Monthly Benefit" is used the following will be added after the bulleted items: "Gross Monthly Benefit means the Monthly Benefit determined prior to any reductions for Other Benefit Sources as set forth in OTHER BENEFIT SOURCES WHICH WILL REDUCE YOUR MONTHLY BENEFIT." The second bulleted item will appear as shown or it will be omitted if the Policyholder's plan does not include an increase in the benefit due to a Terminal Illness. At the option of the Policyholder, for Members of school groups, the first bulleted item may be revised to read as follows: "the last Monthly Benefit You receive, or would be entitled to receive preceding Your death; " The second bulleted item will appear as shown or it will be omitted if the Policyholder's plan does not include an increase in the benefit due to a Terminal Illness. In addition, at the option of the Policyholder, for Members of school groups, this item may be revised to read as follows: "the last Monthly Benefit You receive, or would be entitled to receive, preceding Your Terminal Illness if Your Monthly Benefit amount was increased due to Your Terminal Illness; or " At the option of the Policyholder, for Members of school groups, the third bulleted item may be revised to read as follows: "the Monthly Benefit You received, or were entitled to receive, for the month You die, if You die during the first month that Monthly Benefits are payable."
	Benefit Payment	(3)	Item will appear as shown or it may be omitted if the Policyholder's plan does not include the Terminal Illness Benefit.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd/ ss death 12/07 (continued)	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH		
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	Benefit Payment (Continued)	(3)(continued)	
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In addition, at the option of the Policyholder, the following may be added to the Benefit Payment provision if the Policyholder's plan does not include 'BENEFITS IN THE EVENT OF YOUR TERMINAL ILLNESS.'

"You may elect to receive the Single Sum Payment In the Event Of Your Death Benefit if You are Terminally Ill. If You elect to receive such benefit upon Your Terminal Illness, any benefits otherwise payable to You under the Single Sum Payment In the Event Of Your Death Benefit upon Your death will be reduced by the benefit payments made to You under this subsection due to Your Terminal Illness.

You or Your legal representative must send Us a signed Physician's certification that You are Terminally Ill. We may also request an exam by a Physician of Our choice, at Our expense.

We will pay this additional benefit when We receive Proof of Your Terminal Illness.

Terminally Ill or **Terminal Illness** means, for purposes of this subsection, that You are expected to die within **6-12** months."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd/term ill-1 12/07	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: BENEFIT(S) IN THE EVENT OF YOUR TERMINAL ILLNESS		
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		(1)	Item will appear as shown if both the ADDITIONAL LONG TERM BENEFIT: SINGLE SUM PAYMENT IN THE EVENT OF YOUR DEATH and ADDITIONAL LONG TERM BENEFIT: MONTHLY PAYMENT IN THE EVENT OF YOUR DEATH are included. Item will vary to omit either or both items if not included in the Policyholder's plan.
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	Increase in Your Monthly Benefit	(2)	The reference to "monthly payments" under the Benefit Amount subsection may be changed to express a different time period such as "weeks".
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	Benefit Amount		At the option of the Policyholder, for Members of school groups, the first paragraph may be changed to read:
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"Beginning with the first Monthly Benefit payment after Our receipt of Proof of Your Terminal Illness, We will increase Your Monthly Benefit percentage, on any future payments made during Your lifetime, to **80%-100%** of the first **\$xx-\$xx** of Your Predisability Earnings for a maximum period of **1-12** consecutive monthly payments. In the event that You remain Terminally Ill at the end of this period, and You remain Disabled, Your benefit under this subsection will cease, and Your Monthly Benefit will be paid in accordance with the **DISABILITY INCOME INSURANCE: LONG TERM BENEFITS subsection.**"

In addition, the following paragraph may be included where the employee is being paid under a 10 month payroll cycle:

"For the purpose of the Terminal Illness Benefit, the Monthly Benefit that We pay, during the first School Calendar Year for which You are entitled to Long Term Benefit payments, will be based on an annualized Predisability Earnings calculation which is then divided by 12."

	Monthly Payment In The Event of Your Terminal Illness	(3)	Item will appear as shown or it may be omitted. In addition, at the option of the Policyholder, for Members of school groups, the subsection entitled BENEFIT AMOUNT may be revised to add the phrase "or would be entitled to receive" after the text "% of the Monthly Benefit You receive".
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di/ltd/term ill-2 12/07	Single Sum Payment In The Event of Your Terminal Illness	(1)	Item will appear as shown or it may be omitted.
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EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ severe cond	DISABILITY INCOME INSURANCE: ADDITIONAL LONG LONG TERM BENEFIT: SEVERE CONDITION		The references to “months” may be changed to express a different time period such as “weeks” or “days” .
		(1)	Item will appear as shown or any of the conditions under the definition of Severe Condition may be omitted. In addition, this definition may be placed in the definitions section of the form.
	SEVERE CONDITION LUMP SUM PAYMENT	(2)	Item will appear as shown or may be omitted if the benefit is not to be paid in a lump sum. If the Policyholder's plan includes both the lump sum payment and the monthly payment referenced below, the first paragraph is changed to read as follows: “We will pay an initial benefit amount equal to 1-10 times the Monthly Benefit amount payable to You under the DISABILITY INCOME INSURANCE: LONG TERM BENEFIT section of this certificate.”
	SEVERE CONDITION MONTHLY PAYMENT	(3)	Item will appear as shown or may be omitted if there is no increase in the monthly benefit amount. If the Policyholder's plan includes both the lump sum payment referenced above and the monthly payment, the first paragraph is changed to read as follows: “We will increase Your subsequent monthly payments beginning with the next monthly payment due following the payment of the initial lump sum.”
			If the Policyholder's plan provides for a lifetime benefit for Severe Conditions, the third paragraph of SEVERE CONDITION MONTHLY PAYMENT may be changed to read as follows: “We will pay the increased Monthly Benefit for Your Severe Condition until the date of Your Death as long as You remain Disabled.”
	Exclusions and Exclusions That Apply To Specific Covered Conditions	(4)	Item will appear as shown or may be revised to change or omit a specific exclusion at a policyholder's request.
	Items To Be Submitted For An Additional Long Term Benefit: Severe Conditions Claim	(5)	Item will appear as shown or may be revised to change or omit any of the items required for proof at a policyholder's request. In addition, if any of the conditions are omitted from the benefit, they will also be omitted from this section.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd/
pension
12/07

DISABILITY
INCOME INSURANCE:
ADDITIONAL
LONG TERM
BENEFIT: RETIREMENT
PLAN CONTRIBUTIONS

(1) Item will appear as shown or at the option of the Policyholder may be changed to read as follows:

"Disabled for 1-365 consecutive days, "

Benefit Amount (2) Item will either appear as shown, or at the option of the Policyholder will be replaced with one of the following options:

"The amount We will pay will be determined by using the same calculation used by the Policyholder to determine such contribution, except that We will substitute:

- Your Predisability Earnings for the earnings/compensation factor; and
- the period You have been Disabled and receiving a Monthly Benefit under this certificate for any years of service factor that may be used."

OR

"The amount We pay will be an amount equal to Your contribution to the qualified retirement plan each month.

OR

"The amount We pay will be an amount equal to the combined contributions made by both the Policyholder and You to the qualified retirement plan each month."

OR

"The amount We pay will be an amount equal to 1-15% of Your Predisability Earnings."

OR

"The amount We pay will be an amount equal to the lesser of:

- 1-15% of Your Predisability Earnings; or
- the first \$500- \$5000 of average deferred monthly compensation"

OR

"The amount We pay will be the amount equal to the least of:

- 1-15% of Your Predisability Earnings;
- \$500-\$5000; or
- 1-15% of the first \$1000-\$5000 of average deferred monthly compensation."

In addition, an alternative option determined by the Policyholder may be used.

At the option of the Policyholder, any reference made to "each month" in the above options will appear as shown, may be omitted, or may be revised to show other time periods.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/ltd/
pension
12/07

(continued)

Benefit Payment

(3)

Item will appear as shown or may be replaced with:

"We will pay this additional benefit, on Your behalf, to the plan administrator, third party administrator or trustee of the qualified retirement plan for allocation to Your account under such plan for each month that You receive a Monthly Benefit under this certificate."

OR

"We will pay this additional benefit monthly on Your behalf, to the plan administrator, third party administrator or trustee of the qualified retirement plan for allocation to Your account under such plan for a period of **1-60** months. Payments will begin at the same time You begin to receive a Monthly Benefit under this certificate."

At the option of the Policyholder, the reference made to "each month" or "monthly" in every option will appear as shown, may be omitted, or may be revised to show other time periods.

The terms "administrator" or "trustee" may be replaced with some other entity that administers the Retirement Plan.

At the option of the Policyholder, a qualified plan may be identified by name in the certificate.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ extend earnings	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: EXTENDED EARNINGS PROTECTION	(1)	The bracketed phrase “or another employer” will appear as shown or it may be omitted wherever it is shown in the benefit.
		(2)	Item will appear as shown or may be modified to reflect a different standard, such as one based on a flat benefit amount.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ i&c disease	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: INFECTIOUS AND CONTAGIOUS DISEASE	(1)	Item will appear as shown or it will be omitted
		(2)	Item will appear as shown, any 1 or 2 of the 3 conditions listed may be omitted. The word "and" that is after the second condition may be replaced with the word "or" if just one or two of the 3 conditions must be met. In addition, the words "voluntary or involuntary" may be omitted from condition 3. At the request of a policyholder, the definition of Infectious or Contagious Disease may be modified to include and exclude specific named diseases from the CDC list of Infectious Diseases. In addition, the word "potentially" may be omitted from the third bullet before the terms "life threatening".
	Items To Be Submitted For An Additional Long Term Benefit: Infectious and Contagious Disease Claim	(3)	Item will appear as shown or may be revised to change or omit any of the items required for proof at a policyholder's request. In addition, if any of the conditions are omitted from the benefit, they will also be omitted from this section.
di/ltd i&c disease -2(Continued)	Items To Be Submitted For An Additional Long Term Benefit: Infectious and Contagious Disease Claim (Continued)	(1)	Item will appear as shown or may be revised to change or omit any of the items required for proof at a policyholder's request. In addition, if any of the conditions are omitted from the benefit, they will also be omitted from this section.
		(2)	Item will appear as shown or may be modified to reflect a different standard, such as one based on a flat benefit amount.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ student loan	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: STUDENT LOAN REPAYMENT	(1)	Item will appear as shown or at the option of the Policyholder will be omitted.
		(2)	Item will appear as shown or may be changed to some other mode of time such as "quarterly".

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/busovexp	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: BUSINESS OFFICE OVERHEAD EXPENSE		
		(1)	The list of types of business organizations who may be covered for this additional benefit will appear as shown, or may be expanded to include other forms of business organizations such as officers of a corporation. Also, any particular type of organization may be omitted.
	Business Office Overhead Expense Benefit Amount	(2)	The provision may be changed to include a provision that provides for the carryover of unused expenses to the next benefit period. If such provision is included, the following text will be added to the provision: "However, if You incur less than the maximum monthly benefit amount in any month, that unused amount of benefit will be applied to any covered Business Office Overhead Expenses that You incur in later months that exceed such maximum monthly benefit amount. "
	Business Office Overhead Expense Benefit Payment	(3)	Item will appear as shown, or may be changed to read as follows: "We will pay the Business Office Overhead Expense Benefit to the Policyholder."
		(4)	Item will appear as shown, or may be changed to add or omit items of expense for a particular policyholder's plan. If any of the expense items shown are omitted, they may be moved to the paragraph that lists the items of expense not included.
		(5)	Item will appear as shown, or may be modified to move any of the expense items listed as not included to the list of items that are included.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ bus/protect	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: BUSINESS PROTECTION		
		(1)	The list of key persons who may be covered for this additional benefit will appear as shown, or may be expanded to include other types of key persons from business organizations such as officers of a corporation. Also, any particular group of key persons may be omitted.
	Business Protection Benefit Amount	(2)	Item will appear as shown, or may be changed to include a flat benefit option that is capped at 100%. Item may also be changed to provide for a reduced business protection benefit on proportionate basis if the employee is working while disabled. An example of proportionate basis text is: "If You are working while Disabled, We will reduce the Business Protection Benefit in proportion as follows: Business Protection Benefit payable = $\frac{(A-B)}{A} \times C$ A = Your Predisability Earnings B = Your current monthly earnings C = The Business Protection Benefit payable if You were Disabled."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/life event	DISABILITY INCOME INSURANCE: LIFE EVENT PURCHASE OPTION	(1)	The wording shown for evidence of insurability and/or a pre-existing condition may be omitted based on whether the Policyholder's plan reflects one or the other of these requirements.
		(2)	Any life event, such as a change in residence, may be added or omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/spouse ltd	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: FOR YOUR SPOUSE	(1)	<p>If the Policyholder's plan elects to provide the spouse benefit on the basis of the loss of ADLs instead of a Severe Condition, the following changes may be made:</p> <p>The first 2 paragraphs may be changed to read as follows:</p> <p>"If, while You are insured for Long Term Benefits under this certificate, and due to Sickness or as a direct result of accidental injury, Your Spouse loses the ability to perform 2-4 Activities of Daily Living (ADLS), You may be eligible to receive the Spouse Benefit. Proof of Your Spouse's loss of 2-4 ADLS must be sent to Us. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Spouse's Benefit.</p> <p>While You are insured for such Spouse Benefit, We will pay the additional benefit only:</p> <ul style="list-style-type: none"> • once for any one Spouse; and • with respect to the first 2-4 ADLS that Your Spouse loses."
		(2)	<p>The second sentence in BENEFIT AMOUNT may be changed to read as follows:</p> <p>"This benefit amount will not be reduced by other income You or Your Spouse may be eligible to receive while Your Spouse is no longer able to perform 2-4 ADLS."</p>
		(3)	<p>Item will appear as shown or any of the conditions under the definition of Severe Condition may be omitted.</p> <p>In addition, this definition may be placed in the definitions section of the form.</p> <p>The definitions for Severe Condition may be replaced with the following:</p> <p>"Activities of Daily Living mean:</p> <ul style="list-style-type: none"> • Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower. • Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs." • "Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; • Transferring: moving into or out of a bed, chair or wheelchair; • Continence: ability to maintain control of bowel and bladder function; or; when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag); and/or • Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/spouse ltd (Continued)	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: FOR YOUR SPOUSE		
	Exclusions and Exclusions That Apply To Specific Covered Conditions	(4)	Item will appear as shown or may be revised to change or omit a specific exclusion at a policyholder's request
	Items To Be Submitted For An Additional Long Term Benefit: Severe Conditions Claim	(5)	Item will appear as shown or may be revised to change or omit any of the items required for proof at a policyholder's request. In addition, if any of the conditions are omitted from the benefit, they will also be omitted from this section.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ spouse training	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: SPOUSE TRAINING		
	Benefit Amount	(1)	Item will appear as shown, or, at the option of the Policyholder item can be expressed as either semester or quarterly periods.
	Benefit Payment	(2)	The term "semi-annually" may be omitted or changed to show some other period of time, such as annual.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/prog di	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: PROGRESSIVE DISEASE	(1)	Item will appear as shown or any of the conditions and their corresponding definitions under the definition of Progressive Disease may be omitted. In addition, these definitions may be placed in the Definitions section of the form.
	Items To Be Submitted For An Additional Long Term Benefit: Progressive Disease Claim	(2)	Item will appear as shown or may be revised to change or omit any of the items required for proof at a policyholder's request. In addition, if any of the conditions are omitted from the benefit, they will also be omitted from this section.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/ltd/ pd	DISABILITY INCOME INSURANCE: ADDITIONAL LONG TERM BENEFIT: PRESUMPTIVE DISABILITY	(1)	Item will appear as shown or any of the conditions may be omitted. If an item is removed, the corresponding definitions will also be removed and all references to such terms will be omitted from the benefit. The number of Monthly Benefit Payments may be changed to reflect another period of months.
	Exclusions That Apply To Specific Covered Conditions	(2)	Item will appear as shown or may be revised to change or omit a specific exclusion at a policyholder's request.
	Items To Be Submitted For An Additional Long Term Benefit: Presumptive Disability Claim	(3)	Item will appear as shown or may be revised to change or omit any of the items required for proof at a policyholder's request. In addition, if any of the conditions are omitted from the benefit, they will also be omitted from this section.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/pre ex 12/07	DISABILITY INCOME INSURANCE: PRE-EXISTING CONDITIONS	(1)	Item may be omitted at the request of the Policyholder.
		(2)	The reference to “months” may be changed to express a different time period such as “weeks” or “days” and the phrase “or any increased amount(s) of insurance” may be removed if the Option to Increase Your Disability Benefit Amount(s) is not included in the Policyholder’s Plan or if the Pre-existing Condition does not apply to such option.
		(3)	Item may be replaced with the following:

“We will not pay benefits, or any increase in benefit amount due to an increase in the amount of Your insurance, as applicable, for a Disability that results from a Pre-existing Condition if You have been Actively at Work for less than 5-180 consecutive days prior to the start of Your Elimination Period.”

OR

“ We will pay benefits for a Disability that results from a Pre-existing Condition if Your Elimination Period starts after the earlier of the date You:

- have not received medical treatment, consultation or services for the Pre-existing Condition for 1-180 days; or
- have been Actively at Work for 1-100 consecutive months from the Effective Date of this insurance.”

OR

“ We will pay benefits for a Disability that results from a Pre-existing Condition if You have been Actively at Work for at least 5-365 consecutive days prior to the start of Your Elimination Period or You have been covered under this certificate for at least 1-24 consecutive months.”

OR

“We will pay benefits for a Disability that results from a Pre-existing Condition up to the Maximum Monthly Benefit for a Pre-existing Condition shown in the Schedule of Benefits for such Pre-existing Condition, if You:

- were insured under prior plan of disability income insurance on the day before Your insurance takes effect under this certificate; and
- received or were entitled to receive benefits under the prior plan of insurance for the same condition for which You are claiming benefits under this certificate.”

OR

“ We will not pay benefits, or any increase in benefit amount due to an increase in the amount of Your insurance, as applicable, for a Disability that results from a Pre-existing Condition if You have been insured under this certificate for less than 6-24 consecutive months prior to the start of Your Elimination Period.”

OR

“ We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of Your insurance, as applicable, for a Disability that results from a Pre-existing Condition if You have been Actively at Work, including Active Work during Employer approved vacation months, holidays, or school closures, for less than [12] consecutive months after the date Your Disability insurance or the elected increase in the amount of such insurance takes effect under this certificate.”

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/limited ben 12/07	DISABILITY INCOME INSURANCE: LIMITED DISABILITY BENEFITS	(1)	<p>Item will appear as shown, or item will be omitted in its entirety if the Policyholder's plan does not include any limitations. In addition, the following will apply:</p> <ul style="list-style-type: none"> for any of the conditions, diseases or disorders that may be subject to the limits set forth in this subsection, any one such condition, disease or disorder may be subject to a separate benefit limitation rather than being combined under a benefit limitation with one or more of the other conditions, diseases or disorders. In the alternative, any such condition, disease or disorder may be combined with any other such condition, disease or disorder under a combined benefit limitation. the phrase "to one period of Disability during your lifetime" will appear as shown or, item will be replaced with "for each period of Disability". the word "lifetime" will appear as shown, otherwise item may be omitted and replaced with "per occurrence". the first bulleted item in the Alcohol, Drug or Substance Addiction Limitation addressing when benefit payments will end may be replaced with "the date which immediately follows the 1st - 63rd month of Your Disability." The exception for certain conditions such as schizophrenia, dementia or organic brain disease may be omitted or any one or more of these conditions may be removed from the list of exceptions to the limitation. bipolar disorders may be added to list in "1." as an exception from the Mental or Nervous Disorder or Disease. If the term is added to the list, the following definition will be included:

"Bipolar Disorders (BPD) means a serious medical illness that causes shifts in a person's mood, energy, and ability to function. Signs and symptoms of such disorder include dramatic mood swings back and forth from overly high and/or irritable to sad and hopeless, often with periods of normal mood in between. Severe changes in energy and behavior go along with such mood changes. The periods of highs and lows are called episodes of mania and depression.

These are periods in the phases of BPD referred to as "cycling." The periods are characterized as:

- acute mania/hypomania with or without psychosis;
- acute depression with or without psychosis;
- recurrence of mania/hypomania; and
- recurrence of depression.

During such phases of BPD, cognitive ability and judgment can be very impaired. BPD can be accompanied by other psychiatric and personality disorders whose symptoms are described in the Diagnostic and Statistical Manual (DSM) current edition. If the mood disorder co-exists with symptoms of schizophrenia, and the mood disorder symptoms are those of BPD, the clinical classification is bi-polar schizoaffective disorder (or current DSM classification)."

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/limited ben 12/07(con't)	DISABILITY INCOME INSURANCE: LIMITED DISABILITY BENEFITS	(1)(continued)	
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- the Mental or Nervous Disorder or Disease limitation may be replaced by the following:

“ If You are Disabled due to a Mental or Nervous Disorder or Disease **that results from any cause**, We will only pay benefits for **1-100** months of Disability, including the Elimination Period, during Your lifetime. In no event will We pay benefits beyond the Maximum Benefit Period.

This limitation will not apply to a Disability resulting from:

- schizophrenia;
- bipolar disorder;
- dementia; or
- organic brain disease.

Mental or Nervous Disorder or Disease means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic And Statistical Manual Of Mental Disorders as of the date of Your Disability. A condition may be classified as a Mental or Nervous Disorder or Disease regardless of its cause.”

if the above substitute text is used, bipolar disorders may be deleted as an exception from the Mental or Nervous Disorder or Disease limitations.

OR

“ If You are Disabled due to a Mental or Nervous Disorder or Disease **that results from any cause**, We will limit Your Monthly Benefits to a lifetime maximum equal to the lesser of:

- 1-100** months; or
- the Maximum Benefit Period.

This limitation will not apply to a Disability resulting from:

- schizophrenia;**
- bipolar disorder;**
- dementia; or**
- organic brain disease.**

If You are confined in a Hospital or Mental Health Facility at the end of the period shown above for which benefits are to be paid, We will continue Your Monthly Benefits until the end of Your Hospital or Mental Health Facility confinement.

For purposes of this provision, Mental Health Facility means a facility licensed in the jurisdiction in which it is located to provide care and treatment for a Mental or Nervous Disorder or Disease. Such facility must provide care on a 24 hour a day basis under the supervision of a staff of Physicians, and must provide a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

Mental or Nervous Disorder or Disease means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders as of the date of Your Disability. A condition may be classified as a Mental or Nervous Disorder or Disease regardless of its cause.”

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/limited ben 12/07(con't)	LIMITED DISABILITY BENEFITS (con't)	(1)(con't)	
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If the above substitute text is used, bipolar disorders may be deleted as an exception from the Mental or Nervous Disorder or Disease limitations.

If benefits are to be continued for an insured who remains disabled after discharge from confinement in a hospital or mental health facility, the following sentence will be added to the end of the confinement paragraph above:

"If You continue to be Disabled after You are discharged from confinement in a Hospital or Mental Health Facility, We will continue Your Monthly Benefits for a period of **10-120** consecutive days following the date of Your discharge from such Hospital or Mental Health Facility as long as You remain Disabled during that period. "

If benefits are to be continued upon re-confinement in a Hospital or Mental Health Facility following a prior period of confinement and recovery, the following sentence may be added after the discharge recovery period sentence referenced above:

"If You are re-confined for the same Disability for at least **7-21** days during such **10-120** day period, We will continue Your Monthly Benefits during the period of re-confinement, and for a period of **10-120** consecutive days following the date of Your discharge from re-confinement as long as You remain Disabled during such period."

If the Policyholder's plan includes a combined lifetime maximum for both limits, this item may also be replaced by the following:

" LIMITED DISABILITY BENEFITS

For Disabilities Due to Alcohol, Drug or Substance Addiction, Mental or Nervous Disorders or Diseases, Neuromuscular, Musculoskeletal, Soft Tissue Disorders, or Chronic Fatigue Syndrome

If You are Disabled due to:

- alcohol;
- drug or substance addiction;
- Mental or Nervous Disorders or Diseases **that results from any cause;**
- Neuromuscular, musculoskeletal and soft tissue disorder including, but not limited to any disease or disorder of the spine or extremities and their surrounding soft tissue; including sprains and strains of joints and adjacent muscles, unless the Disability has objective evidence of:
 - Seropositive Arthritis;
 - Spinal Tumors, malignancy, or Vascular Malformations;
 - Radiculopathies;
 - Myelopathies;
 - Traumatic Spinal Cord Necrosis;
 - Myopathies; or
- **Chronic fatigue syndrome and related conditions.**

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/limited ben 12/07(con't)	LIMITED DISABILITY BENEFITS (con't)	(1)(con't)	
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We will limit Your Disability benefits to a lifetime maximum equal to the lesser of:

- **1-100** months; or
- the Maximum Benefit Period.

If Your Disability is due to alcohol, drug or substance addiction, We require You to participate in an alcohol, drug or substance addiction recovery program recommended by a Physician. We will end Disability benefit payments at the earliest of the period described above or the date You cease, refuse to participate, or complete such recovery program.

This limitation will not apply to a Disability resulting from:

- bipolar disorder;
- dementia;
- organic brain disease; or
- schizophrenia. "

At the request of a policyholder, the following text may be used in any of the limits for mental or nervous disorders or diseases or drug, alcohol, or substance abuse or addiction if benefits are to continue at the end of the Limited Disability Benefits period for an insured who remains disabled and then becomes confined in a hospital or health care facility within a specified period of time after the end of the limitation period, and such person remains confined in such facility for a minimum specified period of time. This paragraph may be added instead of the hospital confinement text described above that is based on confinement at the end of the benefit limitation period.

"If You:

- continue to be Disabled at the end of the limited benefit period above;
- become confined in a Hospital or Mental Health Facility within **1-21** days after the end of the limited benefit period; and
- You remain confined in such facility for at least **7-21** consecutive days;

We will continue Your Monthly Benefits until the end of Your confinement in such Hospital or Mental Health Facility."

For the alcohol, drug or substance addiction only limit, the second bulleted item above will be changed as follows:

"become confined in a Hospital or facility licensed to treat alcohol, drug or substance abuse or addiction within **1-21** days after the end of the limited benefit period;"

For the combined alcohol, drug or substance addiction and mental or nervous disorders or diseases limit, the second bulleted item above will be changed as follows:

"become confined in a Hospital, Mental Health Facility, or facility licensed to treat alcohol, drug or substance abuse or addiction within **1-21** days after the end of the limited benefit period"

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
di/excl 12/07	DISABILITY INCOME INSURANCE: EXCLUSIONS	(1)	<p>This item will appear as shown, or any item may be omitted to reflect the Policyholder's plan. Also, the following exclusions may be added to reflect the Policyholder's plan. The exclusion for normal pregnancy may be added if a particular policyholder chose to exercise the right to self-insure normal pregnancy benefits under the 1979 Federal Pregnancy Discrimination Act. The numbering will be adjusted to reflect the correct numbering sequence of the entire number of exclusions.</p> <p>“ 6. the addiction to drugs or alcohol or any other substance;</p> <p>7. normal pregnancy;</p> <p>8. pregnancy; except for complications of pregnancy, if within 30 days of Your effective date of coverage;</p> <p>9. Your disabilities while on military leave;</p> <p>10. Your travel or flight in any vehicle or device for aerial navigation operated or under the direction of military authority. Boarding or exiting from such vehicle or device while it is being used for test or experiment is also excluded. However, the exclusion would not apply to such travel, flight, boarding or exiting from transport aircraft operated by military airlift command for non-military purposes;</p> <p>11. intoxication, as defined and determined by laws and jurisdiction of the geographic area in which loss or cause of loss occurred;</p> <p>12. Your acting or training as a pilot or crew member;</p> <p>13. Your engaging in parachute jumping, hang gliding, bungee jumping, sail gliding or parakiting;</p> <p>14. Your riding or driving in a motor driven vehicle in an organized race, stunt show or speed test;</p> <p>15. any work for pay or profit that You do for another employer;</p> <p>16. sickness contracted or injury sustained while You are on full time, active duty as a member of the armed forces (land, air, water) of any country or international authority;</p> <p>17. Your participation in any sport for wage, compensation or profit;</p> <p>The following statement may be included to replace the felony exclusion:</p> <p>18. commission of or attempt to commit a crime.</p> <p>The following statements may be included at the request of the Policyholder:</p> <p>“We will not pay any benefits for a Disability during any period of time that You are outside of the U.S., its territories, or Canada. “</p> <p>OR</p> <p>“We will not pay any benefits for a Disability during any period of time that You are confined in any penal or correctional institute.”</p>

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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di/excl 12/07 (con't)	DISABILITY INCOME INSURANCE: EXCLUSIONS	(1)(con't)	
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The Short Term Benefits elective exclusions may be extended for use with Long Term Benefits at the request of the Policyholder. If so, the first paragraph may be changed to read as follows:

"We will not pay benefits for any Disability caused or contributed to by elective treatment or procedures, such as:"

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
dis claim	FILING A DISABILITY INCOME INSURANCE CLAIM		This section will always be included if disability income insurance coverage is provided in the certificate.
		(1)	Item will appear as shown or we may substitute the name of another entity to whom the completed claim form must be submitted otherwise the item may be omitted.
		(2)	The following text may be added if the Policyholder's plan provides for electronic and/or telephonic claim submission: "If Your benefit plan requires claims to be submitted through electronic and/or telephonic media, please see Your Employer for the details of this process." Also, if the definition of Disability Income Insurance in the Policyholder's plan includes the requirement that the insured be eligible for Federal Social Security benefits, the following may be added to this provision: "However, notice and Proof to establish Your Disability on the basis of the Notice Of Award of Federal Social Security disability benefits must be given within 30 days after You receive such Award, but in no event beyond 24 months from the end of the Elimination Period. In addition, to verify that You continue to receive Federal Social Security disability benefits after We initially approve Your claim for Long Term Benefits under this certificate, We may periodically request that You send Us Proof that You continue to receive such benefits. We may require that You sign and provide to Us a Social Security authorization on an annual basis." If the Policyholder's plan includes Disability Income Insurance, and the definition of Disability in the Policyholder's plan includes the requirement that the insured be approved for Federal Social Security benefits, Step 4 may be changed to read as follows: "The claimant must give Us Proof not later than 90 days after the Elimination Period, subject to "Claims for Disability Income Insurance Benefits" above with regard to Proof of approval for Federal Social Security benefits." Also, the reference to giving Proof within 6-18 months in the paragraph after Steps 1-4 may be omitted.
		(3)	Item may appear as shown or may vary by omitting any of the items of required Proof as stated in the subsection entitled "Items to be Submitted for a Disability Income Insurance Claim." If the Policyholder's plan includes in the definition of Disability the requirement that the insured be approved for Federal Social Security, the following may be added to the items that must be submitted for a Disability Income claim:

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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dis claim	FILING A DISABILITY INCOME INSURANCE CLAIM	(3)(cont)	
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“ For Proof to establish Your Disability on the basis of the award of Federal Social Security disability benefits, You must also submit documentation satisfactory to Us of the following items:

- the date You applied for Federal Social Security benefits; and
- the complete Notice of Award of Social Security disability benefits, including the date of such Award and the date of disability indicated in such Award.”

Depending on the level at which You are awarded Federal Social Security disability benefits, You must also submit documentation satisfactory to Us of one of the following:

If awarded Federal Social Security disability benefits at either the initial or reconsideration level:

- A letter or some other written confirmation from the Federal Social Security Administration containing a text description of the diagnosis for the condition for which Your were approved for Federal Social Security disability benefits.

If awarded Federal Social Security disability benefits at the Administrative Law Judge level:

- The Administrative Law Judge favorable decision.”

Time Limit on Legal Actions	(4)	Item will appear as shown or may be omitted. Also, if the Policyholder's plan includes in the definition of Disability the requirement that the insured be approved for Federal Social Security, this item may be changed to read as follows:
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“Time Limit on Legal Actions. A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required. However, if on the date We uphold an adverse determination concerning Your claim for Long Term Benefits under this certificate pursuant to the definition of Disability, You have not yet received notice of a final determination of Your claim for Federal Social Security disability benefits, a lawsuit may not be started with respect to Your claim for Long Term Benefits under this certificate until a reasonable period of time expires following the earlier of:

- the date We receive a copy of the final denial of Your request for Federal Social Security disability benefits by an Administrative Law Judge; or
- the expiration of a period of **24-36** consecutive months from the date You completed the Elimination Period under this certificate.”

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
gp 10/04	Beneficiary	(2)	Item will appear as shown or we may substitute “Us”, “the Employer” or the name of a third party administrator.
		(3)	Item will appear as shown or we may change the order of payment. In addition, certain groups may be eliminated from the list based on the Policyholder’s plan specifications.
		(4)	Item will appear as shown or we may change the order of payment. In addition, certain groups may be eliminated from the list based on the Policyholder’s plan specifications.
		(5)	Item will appear as shown or may be omitted.
		(6)	If Disability Income insurance is being provided, in combination with other coverages, this subsection will be inserted following the Beneficiary subsection. It will be inserted in place of the Beneficiary subsection in a certificate providing Disability Income insurance only. It will be omitted if Disability Income Insurance is not provided.
	Disability Income Benefit Payments: Who We Will Pay		

In addition, if Disability Income Benefits will not be paid to a named Beneficiary upon the death of the insured, but instead would be paid to specific categories of persons, the text of this provision would be replaced with the following:

“Disability Income Benefit Payments: Who We Will Pay

We will make any benefit payments during Your lifetime to You or Your legal representative. Any payment made in good faith will discharge Us from liability to the extent of such payment.

Upon Your death, We will pay any amount that is or becomes due to the following order:

1. Your Spouse, if alive;
2. Your unmarried child(ren) under age **21-25**; if there is no surviving Spouse; or
3. Your estate, if there is no such surviving child.

If more than one person is eligible to receive payment, We will divide the benefit amount in equal shares.

Payment to a minor or incompetent will be made to such person’s guardian. The term “children” or “child” includes natural and adopted children.

Any periodic payments owed to Your estate may be paid in a single sum. Any payments made in good faith will discharge Us from liability to the extent of such payment.”

The term stepchild(ren) may be added to the term “children” or “child”. We may pay upon the death of the insured for benefits that are or become due.

“Dental Insurance Who We Will Pay

If You assign payment of Dental Insurance benefits to Your or Your Dependent’s Dentist, We will pay benefits directly to the Dentist. Otherwise, We will pay Dental Insurance benefits to You.”

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
gp 10/04 (con't)	Suicide	(7)	Item will appear as shown if the exclusion is included in the Policyholder's plan specifications or it may vary to set forth specific Life Insurance benefits to which it applies such as Basic or Option Life or those Life Insurance benefits that are Contributory Insurance. If Life Insurance for Dependents is not included in the plan, item will vary to omit that part of the exclusion that pertains to such insurance. If there is no suicide exclusion applicable to any insurance benefits, item will be omitted.
	Physical Exams	(8)	Item will appear as shown or may be omitted. In addition, item may be modified to read as follows:

"Physical Exams

If a claim is submitted for insurance benefits other than life insurance benefits, We have the right to ask the insured to undergo:

1. an independent medical examination by a Physician(s) of Our choice; or
2. a functional capacity examination or any type of examination that would assist Us in the evaluation of Your claim;
3. as often as is reasonably necessary to process the claim. We will pay the costs of any such examinations."

Autopsy	(9)	Item will appear as shown or may be omitted.
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Overpayments	(10)	Item will appear as shown or may be modified to include the following after the first two bulleted items:
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"If any amount We have paid to You results from false, incomplete or misleading information that You provided to Us in connection with Your claim, such amounts would also be considered an overpayment and subject to recovery by Us."

Otherwise, item may be omitted.

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
gp (con't)	Lien and Repayment	(11)	The following provisions may be included if Disability Income Insurance is provided under the Policyholder's Plan.

"Lien and Repayment

If You become Disabled and You receive Disability benefits under this certificate and You receive payment from a third party for loss of income with respect to the same loss of income for which You received benefits under this certificate (for example, a judgment, settlement, payment from Federal Social Security or payment pursuant to Workers' Compensation laws), You shall reimburse Us from the proceeds of such payment up to an amount equal to the benefits paid to You under this certificate for such Disability. Our right to receive reimbursement from any such proceeds shall be a claim or lien against such proceeds and Our right shall provide Us with a first priority claim or lien over any such proceeds up to the full amount of the benefits paid to You under this certificate for such Disability. You agree to take all action necessary to enable Us to exercise Our rights under this provision, including, without limitation:

- notifying Us as soon as possible of any payment You receive or are entitled to receive from a third party for loss of income with respect to the same loss of income for which You received benefits under this certificate;
- furnishing of documents and other information as requested by Us or any person working on Our behalf; and
- holding in escrow, or causing Your legal representative to hold in escrow, any proceeds paid to You or any party by a third party for loss of income with respect to the same loss of income for which You received benefits under this certificate, up to an amount equal to the benefits paid to You under this certificate for such Disability, to be paid immediately to Us upon Your receipt of said proceeds.

You shall cooperate and You shall cause Your legal representative to cooperate with Us in any recovery efforts and You shall not interfere with Our rights under this provision. Our rights under this provision apply whether or not You have been or will be fully compensated by a third party for any Disability for which You received or are entitled to receive benefits under this certificate. "

Subrogation	(12)	The following provision may be included if Disability Income Insurance is provided under the Policyholder's Plan.
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"Subrogation

To the extent that benefits are paid to You under this certificate, and you may have a right of recovery from a third party for loss of income with respect to the same loss of income for which you received benefits under this certificate (for example, a judgment, settlement, payment from Federal Social Security or payment pursuant to Workers' Compensation laws), We shall be subrogated to and succeed to any rights of recovery You may have for loss of income against any third party which may be wholly or partially at fault for said Disability, and We may bring a legal action as permitted by applicable law and/or intervene in an action brought by You to recover for loss of income if Your Disability was or may have been caused by a third party. You agree to take all action necessary to enable Us to exercise Our rights under this provision, including:

- notifying Us as soon as possible of any legal action or settlement with a third party which may result in a payment to You for loss of income with respect to the same loss of income for which you received benefits under this certificate; and
- furnishing of documents and other information as requested by Us or any person working on Our behalf.

You shall cooperate and You shall cause Your representative to cooperate with Us in any recovery efforts and You shall not interfere with Our rights under this provision. Our rights under this provision apply whether or not You have been or will be fully compensated by a third party for any Disability for which You received or are entitled to receive benefits under this certificate. "

EXPLANATION OF VARIABLE MATERIAL (Continued)

Page	Section	Variable	Explanation
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gp (con't)	Subrogation (con't)	(12)(con't)	
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OR

"We have the right to take any legal action against any third party as a result of an act or omission for which the third party may be wholly or partially at fault that We determine is necessary and which is permitted under applicable law to recover any amount that represents an Overpayment."

Fraud and Material	(13)	The following provision may be included if Disability Income Insurance is provided under the Policyholder's plan.
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"Fraud and Material Misrepresentation

In the event that You, with intent to injure, defraud or deceive, provide any information or file a claim and/or supporting documentation that contains any false, incomplete or misleading information, including information or documentation that is materially false, Your claim for benefits under this certificate may be terminated or denied, and We may recover any overpayment that may result from such actions in accordance with the Overpayments provision above."